

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059471

1. Entity Name

GULFCOAST WATER SYSTEMS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90119 050 ***150.00

Principal Place of Business

4020 42ND STREET
SARASOTA FL 34235

Mailing Address

4020 42ND STREET
SARASOTA FL 34235-5132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0932671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEA, JOHN J JR
630 S ORANGE AVE., #300
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	RINALDO, FRANK	4020 42ND STREET SARASOTA FL 34235	<input type="checkbox"/>
	D	COLAGIOVANNI, FRED	4020 42ND STREET SARASOTA FL 34235	<input type="checkbox"/>
	D	KOOHNS, RANDAL R	1380 REDSTART RD. VENICE FL 34239	<input checked="" type="checkbox"/>
	D	DEHAY, MICHAEL J	3715 ACRON ST NORTH PORT FL 34286	<input type="checkbox"/>
	D	MALAM, BRUCE M	8128 NATURES WAY #34 BRADENTON FL 34202	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRANK RINALDO

4-27-00

941-351-6400

CE 104-00001