

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073642

1. Entity Name

GOLD COAST CONCIERGE ASSOCIATION, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90163 008 ***150.00

Principal Place of Business

4031 NE 16TH TERRACE
OAKLAND PARK FL 33334

Mailing Address

P.O BOX 2460
FORT LAUDERDALE FL 33303

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 65-0942230

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

CREMEENS, KAY
4031 NE 16TH TERRACE
OAKLAND PARK FL 33334

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

1-7-2001

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, 2001 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

TITLE D ☐ Delete
NAME CREMEENS, KAY
STREET ADDRESS 4031 NE 16TH TERRACE
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE D ☐ Delete
NAME MADDOX, DONNA
STREET ADDRESS 340 SUNSET DRIVE APT. 1104
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE D ☐ Delete
NAME ALFANO, LORRAINE
STREET ADDRESS AIRPORT HILTON, 1870 GRIFFIN ROAD
CITY-ST-ZIP DANIA FL 33004

TITLE D ☒ Delete
NAME MESSINA, LISA
STREET ADDRESS L'HERMITAGE: 3200 NORTH OCEAN BLVD
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME CARTER, TARA
STREET ADDRESS MARRIOTT HARBOR BEACH 3030 Holiday Drive
CITY-ST-ZIP Ft. Lauderdale, FL 33316

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

1-7-2001 984-6276357

0503713

CR2E034 (10/00)