

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091210

1. Entity Name

GOLDEN COAST BEACH SERVICES, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90023 008 ***150.00

Principal Place of Business

4005 KING LAKE RD.
 DEFUNIAK SPRINGS FL 32433

Mailing Address

4005 KING LAKE RD.
 DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business

102 PRONGHORN CT.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2137

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SIMPSONVILLE, SC

City & State

SANTA ROSA BEACH, FL

Zip

29160

Country

GREENVILLE

Zip

32459

Country

WALTON

4. FEI Number

59-3606584

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

WATSON, FRANKLIN H P.A.
 5365 E. HWY. 30-A, STE. 105
 SEAGROVE BEACH FL 32459

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PVST
 PRATER, TONY A
 4005 KING LAKE RD.
 DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 JOHN D. WALLACE JR.
 144 S. SHORE DR.
 DESTIN, FL 32451 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SECRETARY
 JAMES B. MCGROOM
 P.O. BOX 2137
 SANTA ROSA BEACH, FL 32459 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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:

Tony A. Prater

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/01

Date

Daytime Phone #

CR2E034 (10/00)