

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90033 029 \*\*\*150.00

0372270 AV

**DOCUMENT # V20690**  
**1. Entity Name**  
**FLORIDA COAST ENTERTAINMENT, INC.**

**Principal Place of Business**  
~~2887 BANYAN BLVD. CIRCLE~~  
~~BOCA RATON FL 33431~~  
**US**

**Mailing Address**  
~~2887 BANYAN BLVD. CIRCLE~~  
~~BOCA RATON FL 33431~~  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**7656 Elmndge Drive**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**7656 Elmndge Drive**  
 Suite, Apt. #, etc.

**City & State**  
**Boca Raton FL**

**City & State**  
**Boca Raton FL**

**Zip**  
**33433**

**Country**  
**U.S.**

**Zip**  
**33433**

**Country**  
**U.S.**

**4. FEI Number** **65-0318168** **Applied For**  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**AVERBOOK, CHARLES J.**  
~~2887 BANYAN BLVD. CIR.~~  
~~BOCA RATON FL 33431~~

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**7656 Elmndge Drive**  
 City **Boca Raton** **FL** **Zip Code** **33433**

**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** **3/15/02**  
 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.** ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DP AVERBOOK, CHARLES J. 2887 BANYAN BLVD. CIR. BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS AVERBOOK, DEBORAH G. 2887 BANYAN BLVD. CIR. BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS AVERBOOK, AMY L 2887 BANYAN BLVD. CIR. BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS AVERBOOK, MICHAEL R 2887 BANYAN BLVD. CIR. BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS AVERBOOK, JENNIFER R 2887 BANYAN BLVD. CIR. BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**SIGNATURE:** **3/15/02** **561-416-2523**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)