

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V45714

1. Entity Name

GULF COAST QUALITY ASSOCIATES, INC.

Principal Place of Business

4192 HWY 4 E  
JAY FL 32565  
US

Mailing Address

PO BOX 561  
JAY FL 32565-0561  
US

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

59-3147407

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

FARISH, RALPH STEVENS  
5350 BOB SIKES BLVD.  
JAY FL 32565

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 ☐ Delete  
NAME P  
STREET ADDRESS FARISH, RALPH STEVENS  
CITY-ST-ZIP 5350 BOB SIKES BLVD.  
JAY FL 32565

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

TITLE ☒ Delete  
NAME VP  
STREET ADDRESS SASSER, RANDY  
CITY-ST-ZIP 5441 HOMESTEAD DR.  
MILTON FL 32570

TITLE ☒ Change ☐ Addition  
NAME VP  
STREET ADDRESS Joseph V. McCreless  
CITY-ST-ZIP 5449 Calvary Church Road  
Milton, FL 32570

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS CARR, DANIEL R.  
CITY-ST-ZIP 1820 ATLANTA AVE.  
PENSACOLA FL 32507

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS FARISH, DURLYN YVONNE  
CITY-ST-ZIP 5350 BOB SIKES BLVD.  
JAY FL 32565

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS FARISH, NICHOLAS TODD  
CITY-ST-ZIP 5350 BOB SIKES BLVD.  
JAY FL 32565

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

TITLE ☐ Delete  
NAME R  
STREET ADDRESS PEARSON, RICHARD WAYNE  
CITY-ST-ZIP 3783 HOUISER LN  
PACE FL 32571

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:

*Yvonne Farish*

Yvonne Farish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

850-675-4063

Daytime Phone #



DO NOT WRITE IN THIS SPACE