2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2002 8:00 am DOCUMENT # **721650 Secretary of State** 1. Entity Name COQUINA COVE CONDOMINIUM APTS, INC. 03-28-2002 90147 018 ****61.25 Principal Place of Business Mailing Address 261 BANYAN BOULEVARD 5860 18TH AVENUE N.W. NAPLES FL 34103 NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1445543 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ۲. Street Address (P.O. Box Number is Not Acceptable) WHEELOCK, KENNETH 5860 18TH AVENUE, N.W. NAPLES FL 34119 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to ----FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TD : : TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E037 (9/01 SCHENDEL, DALE NAME NAME STREET ADDRESS STREET ADDRESS 1070 B 11TH ST S CITY-ST-ZIP CITY-ST-ZIP NAPLES FL D Delete TITI F Change ☐ Addition NAME BEVINS, DON NAME STREET ADDRESS STREET ADDRESS 251 BANYAN BLVD, #101 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 TITLE VPD ☐ Delete TITLE Change ☐ Addition NAME SMITH SHAREN D STREET ADDRESS 261 BANYAN BLVD #207 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL PD ☐ Delete Change ☐ Addition BADEC, GORDON NAME STREET ADDRESS STREET ADDRESS |261 Banyan BLVD., #206 CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition Johnson, Mike NAME NAME STREET ADDRESS 261 BANYAN BLVD #105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP näples fl ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with his 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 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 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 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 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 trustees 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 of the receiver or trustees supplemental report is true.

Daytime Phone #