2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90166 035 ****70.00

DOCUMENT # 730919

1. Entity Name

COQUINA PLACE, INC.

Principal Place of Business	Mailing Address
800 COQUINA LANE #101 PO BOX 3791 VERO BEACH FL 32964	800 COQUINA LANE #101 PO BOX 3791 VERO BEACH FL 32964

2. Principal Place of Business	3. Mailing Address
800 COQUINA LANE #103	800 COQUINA LANE #103
Suite, Apt. #, etc.: PO BOX 3791	Suite, Apt. #, etc.: PO BOX 3791
City & State: VERO BEACH FL	City & State: VERO BEACH FL
Zip: 32964 / Country: INDIAN RIVER	Zip: 32964 / Country: INDIAN RIVER

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2136111 — ☐ 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
GARRIS, CHARLES E. 2205 14TH AVE. VERO BEACH FL 32960	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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TSD ☒ Delete	TITLE	TD ☒ Change ☒ Addition
NAME	LAWRENCE, REGINALD	NAME	JOSEPH R CHARBONNEAU
STREET ADDRESS	2999 BENT PINE DR	STREET ADDRESS	800 COQUINA LANE #103
CITY-ST-ZIP	FORT PIERCE FL 34951	CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	VD ☒ Delete	TITLE	VSD ☒ Change ☐ Addition
NAME	GALLAHAN, JAMES	NAME	CALLAHAN JAMES
STREET ADDRESS	800 COQUINA LANE, #205	STREET ADDRESS	800 COQUINA LANE #205
CITY-ST-ZIP	VERO BEACH FL 32963	CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COOK, BILL	NAME	
STREET ADDRESS	800 COQUINA LANE #202	STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

BILL COOK 1-12-02 (561)234-2448

SIGNATURE: SIGNATURE REQUIRED JOSEPH R. CHARBONNEAU 1-12-02

CR2E037 (9/01)