

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01086

1. Entity Name

COASTAL RIDGE ASSOCIATION, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90048 032 ****61.25

Principal Place of Business

Mailing Address

RAMPART PROPERTIES, INC.
10033 9TH STREET NORTH
ST PETERSBURG FL 33716
US

RAMPART PROPERTIES, INC.
10033 9TH STREET NORTH
ST PETERSBURG FL 33716-3804
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

59-2506340

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, BRIAN
C/O RAMPART PROPERTIES
10033 9TH ST N
ST PETERSBURG FL 33716

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 **P** Delete
 NAME ~~BOHEM, SANDRA~~
 STREET ADDRESS **10033 9TH STREET NORTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE Change Addition
 NAME **Grogan, Henry**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME ~~MCHUGH, CONSTANCE~~
 STREET ADDRESS **10033 9TH STREET NORTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE Change Addition
 NAME **Jansco, Frances**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME ~~ANDERSON, BOB~~
 STREET ADDRESS **10033 9TH STREET NORTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE Change Addition
 NAME **VD Boettger, George**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME ~~MOORE, VIRGINIA~~
 STREET ADDRESS **10033 9TH STREET NORTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE Change Addition
 NAME **SD Jacobson, Mary Lou**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME ~~SCHLEIFER, RICHARD~~
 STREET ADDRESS **10033 9TH STREET NORTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE Change Addition
 NAME **Bohem, Sandra**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME ~~ANDERSON, GLENDA~~
 STREET ADDRESS **10033 9TH STREET NORTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE Change Addition
 NAME **Crampton, Elmer**
 STREET ADDRESS
 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.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-2000

Date

Daytime Phone #

727 584 2336

CR2E037 (9/99)

Attach
COO49319
#ND1086

D
Giffrow, Elda
10033 9th St. North
St. Petersburg, Florida 33716

D
Phelps, Jeanette
10033 9th St. North
St. Petersburg, Florida 33716