

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90111 027 \*\*\*\*61.25

620674

DO NOT WRITE IN THIS SPACE

DOCUMENT # N01086

1. Entity Name

COASTAL RIDGE ASSOCIATION, INC. ✓

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  
 US

2. Principal Place of Business

3. Mailing Address

c/o Infiniti Prop. Mgmt., Inc.

c/o Infiniti Prop. Mgmt., Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1301 Seminole Blvd., #110

1301 Seminole Blvd., #110

City & State

City & State

Largo, FL

Largo, FL

Zip  
33770

Country  
US

Zip  
33770

Country  
US

4. FEI Number

59-2506340

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

Smith, Brian  
 c/o Rampart Properties  
 10033 9th St N  
 St Petersburg FL 33716

Name  
**Infiniti Property Management, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1301 Seminole Blvd., Suite 110**  
 City  
**Largo FL** Zip Code  
**33770**

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

*Ludiah Moscato, Pres.*

2-13-01

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 NAME STREET ADDRESS CITY-ST-ZIP	P BOHEM, SANDRA 10033 9TH STREET NORTH ST PETERSBURG FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCHUGH, CONSTANCE 10033 9TH STREET NORTH ST PETERSBURG FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, BOB 10033 9TH STREET NORTH ST PETERSBURG FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, VIRGINIA 10033 9TH STREET NORTH ST PETERSBURG FL 33716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLEITER, RICHARD 10033 9TH STREET NORTH ST PETERSBURG FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, GLENDA 10033 9TH STREET NORTH ST PETERSBURG FL 33716	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D TICE, NANCY 2131 RIDGE RD., #R-106 LARGO, FL 33778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D REID, SUSAN 2131 RIDGE RD., #C-16 LARGO, FL 33778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, KIM 2131 RIDGE RD., #N-79 LARGO, FL 33778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D 2131 RIDGE RD., #M-77 LARGO, FL 33778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGDY, GHATTAS 2131 RIDGE RD., #P-91 LARGO, FL 33778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D 2131 RIDGE RD., #D-22 LARGO, FL 33778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Glenda Anderson* / GLENDA ANDERSON

2-16-01 (727) 585-3491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/00)

*attachment*  
*D# N01086*

DOCUMENT # N01086

COASTAL RIDGE ASSOCIATION, INC.

ADDITION TO OFFICERS/DIRECTORS IN BLOCK 11.

D  
CLINE, RICHARD  
2131 RIDGE RD., #U-118  
LARGO, FL 33778