

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90021 016 ****61.25

DOCUMENT # N99000000459

1. Entity Name

COASTAL OPERATIONS INSTITUTE, INC.

Principal Place of Business

Mailing Address

6703 W. HWY. 98, BLDG. 452
 PANAMA CITY FL 32407

6703 W. HWY. 98, BLDG. 452
 PANAMA CITY FL 32407-7000

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

69-3573554

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

MCDONALD, GLEN R
6703 W. HWY. 98, BLDG. 452
PANAMA CITY FL 32407

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRATTON, JIMMIE L	NAME	
STREET ADDRESS	4300 SAN MATEO BLVD., NE, STE.A-220	STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NW 87110	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANTZLER, L N	NAME	
STREET ADDRESS	3000 S. HWY 77	STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCSPADDEN, ROBERT PH.D	NAME	
STREET ADDRESS	5230 WEST HWY. 98	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINE, CHRIS	NAME	
STREET ADDRESS	415 BECKRICH ROAD, SUITE 350	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407	CITY-ST-ZIP	
TITLE	SECRETARY/TREASURER <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTMAN, DAVID H. PH.D	NAME	
STREET ADDRESS	215 HARRISON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32401	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 attached exhibit with an address, with all other like empowered.

SIGNATURE: *L N DANTZLER* **L N DANTZLER** 3/28/00 (850) 230-7301
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)