

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

05-15-2001 90037 011 ***150.00

DOCUMENT # P00000026341

1. Entity Name
COASTAL TREASURES FUND RAISING, INC.

Principal Place of Business 220 RIVER PLANTATION ROAD SOUTH ST. AUGUSTINE FL 32092	Mailing Address 220 RIVER PLANTATION ROAD SOUTH ST. AUGUSTINE FL 32092
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3530 AGRICULTURAL CENTER DR. Suite, Apt. #, etc. S/E # 201	3. Mailing Address P.O. Box 4080 Suite, Apt. #, etc.
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City & State St. AUGUSTINE, FL 32092	City & State St. AUGUSTINE, FL	4. FEI Number 59-3657889	Applied For Not Applicable
Zip 32092	Country US	Zip 32085	Country US

6. Name and Address of Current Registered Agent
MALONE, BEN T
220 RIVER PLANTATION ROAD SOUTH
ST. AUGUSTINE FL 32092

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 Ben Tucker Malone DATE 4-30-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P, VP, T, S	<input type="checkbox"/> Delete
NAME	BEN TUCKER MALONE	
STREET ADDRESS	220 RIVER PLANTATION ROAD SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ben Tucker Malone **BEN TUCKER MALONE** DATE 4-30-01 DAYTIME PHONE # 904-260-7951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)