

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743159

1. Entity Name

COASTAL ESTATES, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90008 035 ****61.25

Principal Place of Business

11006 BALLWEG LANE
FT MYERS FL 33908
US

Mailing Address

11006 BALLWEG LANE
FORT MYERS FL 33908-3342
US

00017710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11040 Bombay Ln
Suite, Apt. #, etc.

3. Mailing Address

11040 Bombay Ln
Suite, Apt. #, etc.

City & State

~~Ft. Myers, FL~~

City & State

~~Ft. Myers, FL~~

Zip

33908

Country

USA

Zip

33908

Country

USA

4. FEI Number

59-1884444

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELIZABETH K. BOGERT
11006 BALLWEG LN
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

John A. Rodgers

Street Address (P.O. Box Number is Not Acceptable)

11040 Bombay Ln

City

Ft. Myers

FL

Zip Code

33908

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BOGERT, ELIZABETH K 11006 BALLWEG LN FT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REED, MARTHA A 11101 BALLWEG LANE FT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERAN, MARILYN 112 BOMBAY LN FT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINEBARGER, MATHILDA 11121 BOMBAY LN FT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Rodgers, John A. 11040 Bombay Ln. Ft. Myers, Fl.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Wilcox, Kathryn 11041 Bombay Lane Ft. Myers, Fl.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Winebarger, Mathilda 11121 Bombay Lane Ft. Myers, Fl	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-00 466-8755