

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 420749

1. Entity Name

INTERCOASTAL UTILITIES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90117 014 ***150.00

Principal Place of Business

1300 RIVERPLACE BLVD.
STE 620
JACKSONVILLE FL 32207
US

Mailing Address

1300 RIVERPLACE BLVD.
STE 620
JACKSONVILLE FL 32222-0012
US

2. Principal Place of Business

6215 Wilson Blvd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 441149

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number 59-2320184

Applied For
Not Applicable

Zip 32210

Country US

Zip 32222-0012

Country US

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

BRANNEN, W M

~~1300 RIVERPLACE BLVD.~~ 6215 Wilson Blvd.

~~STE 610~~

~~32207~~

32210

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME BURPEE, A L JR
STREET ADDRESS 1300 GULF LIFE DRIVE
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE VPD
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE PD
NAME JAMES, H R
STREET ADDRESS 6215 WILSON BLVD
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SVTD
NAME BRANNEN, W M
STREET ADDRESS 1300 GULF LIFE DRIVE
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE SVT
NAME
STREET ADDRESS 6215 Wilson Blvd.
CITY-ST-ZIP Jacksonville, FL 32210

☒ Change ☐ Addition

TITLE DV
NAME OUTLAW, A. L.
STREET ADDRESS 1300 GULF LIFE DRIVE
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME TOWERS, JR., C. D.
STREET ADDRESS 1300 GULF LIFE DRIVE
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV
NAME WILLIAMS, BURCH
STREET ADDRESS 20 LONG HILL FARM
CITY-ST-ZIP GUILFORD CT

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 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:

W.M. Brannen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.M. BRANNEN

Date

4/13/00 904-779-5353

Daytime Phone #

CR2E034 (9/99)