

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90002 042 ***150.00

DOCUMENT # 575309

1. Entity Name
COASTPLAN, INC.

Principal Place of Business

6881 BUCKINGHAM RD.
 FORT MYERS FL 33905
 US

Mailing Address

6881 BUCKINGHAM RD.
 FORT MYERS FL 33905
 US

755969

2. Principal Place of Business

12271 COYLE ROAD

3. Mailing Address

P.O. Box 50782

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number

59-1834570

Applied For

Not Applicable

Zip

33905

Country

US

Zip

33994-0782

Country

LEE

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

WORKMAN, RICHARD W

~~6881 BUCKINGHAM RD.~~ **12271 COYLE ROAD**
FT. MYERS FL 33905

Name

Workman, Richard W

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

12271 COYLE ROAD

City

Fort Myers

FL

Zip Code

33905

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TPD** ☐ Delete
 NAME **WORKMAN, RICHARD**
 STREET ADDRESS **6881 BUCKINGHAM RD.**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Workman, Richard**
 STREET ADDRESS **12271 COYLE ROAD**
 CITY-ST-ZIP **Fort Myers, FL**

TITLE **SDV** ☒ Delete
 NAME **BENNETT, AMY L**
 STREET ADDRESS **6881 BUCKINGHAM RD.**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SDV** ☒ Change ☐ Addition
 NAME **KELLY Knauff**
 STREET ADDRESS **20250 Cypress Creek Road**
 CITY-ST-ZIP **Alva, FL 39200**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
 NAME **JAMES Green**
 STREET ADDRESS **20250 Cypress Creek Road**
 CITY-ST-ZIP **Alva, FL 39200**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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.

April 24, 2001

SIGNATURE: *Richard W. Workman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard W. Workman

Date

Daytime Phone #

941-694-0101

CR2E034 (10/00)