

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90075 009 ***150.00

DOCUMENT # 5791261. Entity Name
CORAL HARBOR ENTERPRISES, INC.Principal Place of Business
**1601 W MARION AVE SUITE 202
PUNTA GORDA FL 33950**Mailing Address
**1601 W MARION AVE SUITE 202
PUNTA GORDA FL 33950**

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 **59-1848901**

Applied For

Not Applicable

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****MOORE, JAMES E., III
1625 W MARION AVE
PUNTA GORDA FL 33950**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
V	GRAHAM, WILLIAM A, JR	500 BAL HARBOR BLVD	PUNTA GORDA, FL 00000	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PST	MORELLO, JAMES G.	3730 BORDEAUX DR	PUNTA GORDA FL 33950	<input type="checkbox"/>	<input type="checkbox"/>
V	GRAHAM, WILLIAM G.	500 BAL HARBOR BLVD.	PUNTA GORDA FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VP	CAROL F. GRAHAM	500 BAL HARBOR BLVD	PUNTA GORDA FL 33950	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J.P.	M. LORRAINE MORELLO	3730 BORDEAUX DR	PUNTA GORDA FL 33950	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Kenneth Wayne Quick	P.O. Box 511194	PUNTA GORDA FL 33951	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)