

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002358**

1. Entity Name
COASTAL PASCO PARTNERS, LTD.

FILED

00 JAN 27 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**28100 U.S. HIGHWAY, SUITE 511
CLEARWATER FL 33761**

Mailing Address
**28100 U.S. HIGHWAY, SUITE 511
CLEARWATER FL 33761**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country

4. FEI Number **59-3536231** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LESSER, JASON K
28100 U.S. HIGHWAY, SUITE 511
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$200.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 200.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

| | |
|-----------------|--------------------------------------|
| DOCUMENT # | P98000084083 |
| NAME | COASTAL C.P.P. PARTNERS, INC. |
| STREET ADDRESS | 28100 U.S. HIGHWAY, SUITE 511 |
| CITY - ST - ZIP | CLEARWATER FL 33761 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDRESS CHANGES ONLY

| | |
|-----------------|------------------------------|
| STREET ADDRESS | |
| CITY - ST - ZIP | 800002119088--9 |
| STREET ADDRESS | -02/01/00--01112--002 |
| CITY - ST - ZIP | ****141.25 ****141.25 |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **COASTAL C.P.P. PARTNERS, INC.** 1/26/00 727 785-5544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #

CR2E003 (9/99)