

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90325 047 ***550.00

DOCUMENT # F95000000504

1. Entity Name
COASTAL CAPITAL MORTGAGE CORP.

Principal Place of Business
**ONE PLAZA RD.
 GREENVALE NY 11548**

Mailing Address
**ONE PLAZA RD.
 GREENVALE NY 11548**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-2924685**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**MICHAEL, JOHN T.
 220 PONTE VERDA PARK DRIVE
 SUITE 200
 PONTE VEDRA BEACH FL 32082**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	MICHAEL, JOHN T	
STREET ADDRESS	64 STATE STREET	
CITY-ST-ZIP	ROCKVILLE CENTRE NY 11570	
TITLE	C	<input type="checkbox"/> Delete
NAME	MICHAEL, JOHN T	
STREET ADDRESS	64 STATE ST	
CITY-ST-ZIP	ROCKVILLE CEANE NY 11570	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BAINES, ANTONIO	
STREET ADDRESS	2400 GUENTHER COURT	
CITY-ST-ZIP	BALDWIN NY 11510	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BASELICE, STEVEN A	
STREET ADDRESS	1546 PARSONS BLVD.	
CITY-ST-ZIP	WHITESTONE NY 11357	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE Plaza Road	
CITY-ST-ZIP	GREENVALE, NY 11548	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE Plaza Road	
CITY-ST-ZIP	GREENVALE, NY 11548	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2400 GUENTHER COURT	
CITY-ST-ZIP	BALDWIN, NY 11510	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVP + Director	
STREET ADDRESS	Lisa Pollatos	
CITY-ST-ZIP	12 Woodfield Lane	
	Old Brookville, NY	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/17/02 (516) 931-5005

Date

Daytime Phone #

CR2E034 (4/02)