

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003284

1. Entity Name

COASTAL INSURANCE ENTERPRISES, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90029 010 ***150.00

Principal Place of Business

Mailing Address

5766 CARMICHAEL PARKWAY
MONTGOMERY AL 36117

5766 CARMICHAEL PARKWAY
MONTGOMERY AL 36117-2351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-1031810**

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

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32399-0300

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BETHAY, JOHN N 819 HILLSBORO ROAD MONTGOMERY AL 36109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORE, RANDOLPH T 1013 VISTA CIRCLE BIRMINGHAM AL 35216	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREEN, WILLIAM L 2520 FLAGSTONE CIRCLE BIRMINGHAM AL 35226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALDWIN, CHRISTOPHER D 1937 PARKVIEW DRIVE SOUTH MONTGOMERY AL 36117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BROWN, JAMES W 324 GLENHAVEN DRIVE ALEXANDER CITY AL 35010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GRIMES, LARRY D 371 AZALEA DRIVE GADSDEN AL 35901	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, ROBERT C. 913 AUTUMN CHASE DRIVE BIRMINGHAM, AL 35206	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DeBOER, MICHAEL D. 9849 WYNCREST CIRCLE MONTGOMERY, AL 36117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, BILL A. 14 CORA SLOCOMB SPANISH FORT, AL 36527	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOOREHOUSE, JOHN D. 2231 OLD PIPE ROAD PIKE ROAD, AL 35064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECK, RICHARD H. 2102 HICKORY HILLS ROAD FLORENCE, AL 35630	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBERT L. 2521 CIRCLE DRIVE S.E. DECATUR, AL 35603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

William L. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM L. GREEN

4/3/00 (205) 298-7776

SECRETARY

Date

Daytime Phone #

CR2E034 (9/99)

199000003884

Attachment
B0053741

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, LOUIE C. 7 YESTER PLACE MOBILE, AL 36608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, WILLIAM T. 246 SOUTH MCGREGOR AVENUE MOBILE, AL 36608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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