

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G07973

1. Entity Name

PLATINUM COAST MANAGEMENT AND REALTY, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90040 014 ***150.00

Principal Place of Business

Mailing Address

1513 N HARBOR CITY BLVD
MELBOURNE FL 32935
US

1513 N HARBOR CITY BLVD
MELBOURNE FL 32934-9281
US

00066487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

760 North Drive

Suite, Apt. #, etc.

Suite D

City & State

Melbourne, FL

Zip

32934

Country

Brevard

3. Mailing Address

760 North Drive

Suite, Apt. #, etc.

Suite D

City & State

Melbourne, FL

Zip

32934

Country

Brevard

4. FEI Number

59-2234845

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

SPIELVOGEL, LEONARD
101 S COURTEY PKWY
MERRITT ISLAND FL 32952

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 PVD
NAME THELANDER, PATRICIA
STREET ADDRESS 1513 N HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE
NAME Malleo-Thelander, Patricia ☒ Change ☐ Addition
STREET ADDRESS 760 North Drive, Suite D
CITY-ST-ZIP Melbourne, FL 32934

TITLE VST
NAME DIDOMENICO, PATRICK E.
STREET ADDRESS 402 HIGH PT DR
CITY-ST-ZIP COCOA FL ☐ Delete

TITLE STD
NAME
STREET ADDRESS 516 Delannoy
CITY-ST-ZIP Cocoa, FL 32922 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)