

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J52779

1. Entity Name

CASTAWAYS OF COCOA BEACH, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90111 017 ***150.00

Principal Place of Business

Mailing Address

%VINCENT M. MANGINO
1980 N. ATLANTIC AVE., #402
COCOA BEACH FL 32931

%VINCENT M. MANGINO
1980 N. ATLANTIC AVE., #402
COCOA BEACH FL 32931-3272

011934



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 59-2762894

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

MANGINO, VINCENT M.
1980 NORTH ATLANTIC AVENUE
SUITE 402
COCOA BEACH FL 32931

Name

L. GEORGE LEONARD
1485 N. ATLANTIC AVE #112

City

COCOA BEACH

FL

Zip Code

32931

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

L. George Leonard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/00

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 PD
NAME BOLGER, JOHN W. JR.
STREET ADDRESS 1980 N ATLANTIC AVE #402
CITY-ST-ZIP COCOA BEACH FL

☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2000

Date

799-8577

Daytime Phone #

CR2E034 (9/99)