

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001854 AF

DOCUMENT # L00000005759

1. Entity Name

COASTAL ATLANTIC HOMES, GROUP I, LLC

FILED

01 MAR 30 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

25 OLD MISSION AVENUE  
ST AUGUSTINE FL 32084

Mailing Address

25 OLD MISSION AVENUE  
ST AUGUSTINE FL 32084

2. Principal Place of Business

2825 LEWIS SPEEDWAY  
Suite, Apt. #, etc. 104

3. Mailing Address

2825 LEWIS SPEEDWAY  
Suite, Apt. #, etc. 104

City & State

St. Augustine FL

City & State

St. Augustine, FL

4. FEI Number

39-3665376

Applied For

Not Applicable

Zip

32084

Country

US

Zip

32084

Country

US

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, C. KELLY  
25 OLD MISSION AVENUE  
ST AUGUSTINE FL 32084

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME HEFFERON, MICHAEL J  
STREET ADDRESS 25 OLD MISSION AVENUE  
CITY-ST-ZIP ST AUGUSTINE FL 32084 ☐ Delete

TITLE MGR  
NAME SMITH, C. KELLY  
STREET ADDRESS 25 OLD MISSION AVENUE  
CITY-ST-ZIP ST AUGUSTINE FL 32084 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
900003992539--2  
-04/11/01--01097--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

C. Kelly Smith

C. KELLY SMITH

3-20-01

(904)808-9977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)