

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90126 036 \*\*\*\*50.00

**DOCUMENT # L00000005761**

1. Entity Name

COASTAL ATLANTIC HOMES, GROUP III, LLC

Principal Place of Business

2825 LEWIS SPEEDWAY  
 #104  
 ST AUGUSTINE FL 32084

Mailing Address

2825 LEWIS SPEEDWAY  
 #104  
 ST AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3665192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Smith, C. Kelly

Street Address (P.O. Box Number is Not Acceptable)

2825 Lewis Speedway Suite 104  
 City St. Augustine FL Zip Code 32084

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE MGR  
 NAME Hefferon, Michael J  
 STREET ADDRESS 2825 Lewis Speedway Suite 104  
 CITY-ST-ZIP St. Augustine FL 32084 ☒ Change ☐ Addition

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

TITLE MGR  
 NAME Smith, C. Kelly  
 STREET ADDRESS 2825 Lewis Speedway Suite 104  
 CITY-ST-ZIP St. Augustine, FL 32084 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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)(l), 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:

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

Date

Daytime Phone #

CR2E083 (9/01)