

2001 UNIFORM BUSINESS REPORT (UBR)

0003208 AF

DOCUMENT # L00000008290

1. Entity Name
INTRACOASTAL ASSOCIATES, LLC

FILED

01 APR 16 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5011 SUNBEAM ROAD
JACKSONVILLE FL 32257

Mailing Address
5011 SUNBEAM ROAD
JACKSONVILLE FL 32257



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11111-70 San Jose Blvd.

3. Mailing Address
11111-70 San Jose Blvd.

Suite, Apt. #, etc.
Box 276

Suite, Apt. #, etc.
Box 276

City & State
Jacksonville, Fl

City & State
Jacksonville, Fl

4. FEI Number
59-3658084

Applied For
Not Applicable

Zip Country
32223 Duval

Zip Country
32223 Duval

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEGLER, MITCHELL W
300A WHARFSIDE WAY
JACKSONVILLE FL 32207

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

100004078641--9
-04/25/01--01114--003
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Pres, Asst Sect, D Christopher B. Herrin, Sr. 11111-70 San Jose Blvd. #276 Jacksonville, Fl 32223 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
V-Pres, Sect, D Kimberly Galen 11111-70 San Jose Blvd. #276 Jacksonville, Fl 32223 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
V-Pres, D Gary F. Hannon 11111-70 San Jose Blvd. #276 Jacksonville, Fl 32223 ☐ 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

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 NAME STREET ADDRESS 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: Christopher B. Herrin, Sr. 4/13/01 262-7718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)