

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -1 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010072

1. Entity Name  
COAST TO COAST, LLC

Principal Place of Business  
15 SOUTH BOULEVARD OF THE PRESIDENTS  
SARASOTA FL 34236

Mailing Address  
15 SOUTH BOULEVARD OF THE PRESIDENTS  
SARASOTA FL 34236



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

3. Mailing Address

clo Pacific Capital Mortgage

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1350 Ignacio Blvd

City & State

City & State  
Novato CA

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip  
94949

Country  
USA

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

SKOKOS, PETER Z  
1819 MAIN STREET, SUITE 610  
SARASOTA FL 34236

Name Russell Coleman  
Street Address (P.O. Box Number is Not Acceptable)  
15 South Blvd of the Presidents  
City Sarasota FL Zip Code 34236

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

300004274819--5  
-05/21/01--01183--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME COLEMAN, WILLIAM S JR.  
STREET ADDRESS 68 LEVERONI COURT  
CITY-ST-ZIP NOVATO CA 94949

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 350 Ignacio Blvd  
CITY-ST-ZIP Novato CA 94949

TITLE MGR ☐ Delete  
NAME COLEMAN, RUSS  
STREET ADDRESS 68 LEVERONI COURT  
CITY-ST-ZIP NOVATO CA 94949

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 15 South Blvd of the Presidents  
CITY-ST-ZIP Sarasota FL 34236

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:

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

Date

Daytime Phone #

CR2E083 (11/00)