

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90254 015 ***150.00

DOCUMENT # L25700

1. Entity Name

COASTAL RESORTS INTERNATIONAL, INC.

Principal Place of Business

**4030 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228**

Mailing Address

**4030 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o ResortQuest International, Inc.

Suite, Apt. #, etc.

530 Oak Court Drive, Suite 360

City & State

Memphis, TN

Zip

38117

Country

USA

4. FEI Number

59-2972569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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

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, 2002 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

TITLE **PS** ☐ Delete
NAME **STARR, LARRY, CHARLES**
STREET ADDRESS **4030 GULF OF MEXICO DR.**
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **VPR** ☒ Delete
NAME **BEVINS, DON**
STREET ADDRESS **4030 GULF OF MEXICO DR.**
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS **Longboat Key, FL 34228**
CITY-ST-ZIP

TITLE **D/CEO** ☐ Change ☒ Addition
NAME **David L. Levine**
STREET ADDRESS **530 Oak Court Dr., Suite 360**
CITY-ST-ZIP **Memphis, TN 38117**

TITLE **VP/Gen Coun/Sec** ☐ Change ☒ Addition
NAME **M. Ronald Halpern**
STREET ADDRESS **530 Oak Court Dr., Suite 360**
CITY-ST-ZIP **Memphis, TN 38117**

TITLE **VP/Treas.** ☐ Change ☒ Addition
NAME **David Selberg**
STREET ADDRESS **530 Oak Court Dr., Suite 360**
CITY-ST-ZIP **Memphis, TN 38117**

TITLE **VP/Cont.** ☐ Change ☒ Addition
NAME **J. Scott Murphy**
STREET ADDRESS **530 Oak Court Dr., Suite 360**
CITY-ST-ZIP **Memphis, TN 38117**

TITLE **AS** ☐ Change ☒ Addition
NAME **Karen M. Ray**
STREET ADDRESS **530 Oak Court Dr., Suite 360**
CITY-ST-ZIP **Memphis, TN 38117**

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:

S. G. W. O. O. R. S. I. D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 02 **941**
Date Daytime Phone #

CR2E034 (9/01)