

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L61775

1. Entity Name

COASTAL REAL ESTATE 1990, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90065 049 ***158.75

Principal Place of Business

Mailing Address

6641 GENTLE BEN CIR
WESLEY CHAPEL FL 33543

6641 GENTLE BEN CIR
WESLEY CHAPEL FL 33544-3437

2. Principal Place of Business

3. Mailing Address

6000 Gentle Ben Cir

6000 Gentle Ben

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Wesley Chapel FL

City & State

Wesley Chapel FL

4. FEI Number

65-0193113

Applied For

Not Applicable

Zip

33544

Country

USA

Zip

33544

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBB, ERNEST
3743 SANDALWOOD DR.
LAND O'LAKES FL 34639

Name

Ernest Webb

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

6000 Gentle Ben Circle

City

Wesley Chapel

FL

Zip Code

33544

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

ERNEST WEBB, PRESIDENT

4/14/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	WEBB, ERNEST	
STREET ADDRESS	3743 SANDALWOOD DR.	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	CINDY MEYER-WEBB	
STREET ADDRESS	6000 Gentle Ben Circle	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CINDY MEYER-WEBB	
STREET ADDRESS	6000 GENTLE BEN CIRCLE	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000

Date

(813) 991-7870

Daytime Phone #

CR2E034 (9/99)