

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 25 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000001140

1. Entity Name

COASTAL COMMUNICATIONS GROUP, L.C.

Principal Place of Business

13571 MCGREGOR BLVD.
STE. 23
FORT MYERS FL 33919

Mailing Address

15894 GLENEAGLE CT
FT MYERS FL 33908-2402

2. Principal Place of Business

16309 S. TAMiami TR.

3. Mailing Address

16309 S. TAMiami TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS FL.

City & State

FORT MYERS FL

Zip

33908

Country

USA

Zip

33908

Country

USA

4. FEI Number

65-0825880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, RICHARD C II
15894 GLENEAGLE CT
FORT MYERS FL 33908

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

1-19-2000

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
WILLIAMSON, RICHARD C II
STREET ADDRESS 15897 GLENEAGLE CT
CITY- ST- ZIP FORT MYERS FL 33908 ☐ Delete

TITLE NAME MGRM
WILLIAMSON, RICHARD C
STREET ADDRESS 15037 TAMARIND CAY COURT #1508
CITY- ST- ZIP FORT MYERS FL 33908 ☐ 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

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS 15894 GLENEAGLE CT
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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7-21-00

(941) 437-7900

CR2E083 (9/99)