

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001437

1. Entity Name

INTERCOASTAL HOLDINGS, L.L.C.

Principal Place of Business

760 US HIGHWAY ONE, SUITE 206
NORTH PALM BEACH FL 33408

Mailing Address

760 US HIGHWAY ONE, SUITE 206
NORTH PALM BEACH FL 33408-4423

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0808614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAFFER, ROGER L. JR.
2201 CORPORATE BLVD., N.W., SUITE 105
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: ROGER L. SHAFFER
Street Address (P.O. Box Number is Not Acceptable): 2201 CORPORATE BLVD N.W. SUITE 105
City: BOCA RATON FL Zip Code: 33431

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

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

9. MANAGING MEMBERS / MEMBERS

TITLE: MGRM
NAME: WARREN, ROY G
STREET ADDRESS: 119 EBB TIDE DRIVE
CITY-ST-ZIP: NORTH PALM BEACH FL 33408 ☐ Delete

TITLE: MGRM
NAME: FERNSHAW INVESTMENTS, LTD.
STREET ADDRESS: CHARLOTTE HOUSE, CHARLOTTE ST.
CITY-ST-ZIP: NASSAU, BAHAMAS ☐ Delete

TITLE: MGR
NAME: O'LEARY, MARILYN R
STREET ADDRESS: 701 ST. GILES COURT
CITY-ST-ZIP: PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS / CHANGES

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition
6000003112316--3
01/27/00--01/21/02
*****50.00 *****50.00

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

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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 #

Marilyn R. O'Leary 1/13/99 561-716-0592

FILED

00 JAN 25 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE