

2001 UNIFORM BUSINESS REPORT (UBR)

0013718 AF

DOCUMENT # L97000001437

1. Entity Name

INTERCOASTAL HOLDINGS, L.L.C.

FILED

2001 APR 20 AM 11:24

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0808614

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROY C. ZENTZ
16846 128TH TRAIL
JUPITER, FL 33478 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900004086379--8
-04/27/01--01093--019
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)