

2001 UNIFORM BUSINESS REPORT (UBR)

0024399

AF

DOCUMENT # L99000006009

1. Entity Name

TRICOASTAL DEVELOPMENT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -8 PM 4: 53

Principal Place of Business

5365 E. CO. HWY 30-A
SUITE 105
SEAGROVE BEACH FL 32459

Mailing Address

5365 E. CO. HWY 30-A
SUITE 105
SEAGROVE BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3622728

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

FRANKLIN H. WATSON, P.A.

5365 E. HWY 30-A

SUITE 105

SEAGROVE BEACH FL 32459

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 State300003675593--9
-02/13/01--01007--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
IGOU, DEVON
297 CAMPBELL STREET
SEAGROVE BEACH FL 32459 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BEAUCHAMP, KRYSTAL
169 N ANDALUSIA
SEAGROVE BEACH FL 32459 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
80 Cullman Ave
Seagrove Bch, FL 32459 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WATSON, FRANKLIN H
5365 E. CO. HWY 30-A SUITE 105
SEAGROVE BEACH FL 32459 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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:

Krystal Beauchamp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/31/01

Date

(80) 231-3090

Daytime Phone #

CR2E083 (11/00)