

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001210

1. Entity Name

COASTAL DIRECTORIES LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 16 AM 10:35

*nf 3/22/00*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7701 WATERS AVENUE  
SAVANNAH GA 31406-3813

Mailing Address

7701 WATERS AVENUE  
SAVANNAH GA 31406-3813

2. Principal Place of Business

3. Mailing Address

*1715 NINTH ST*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*WICHITA FALLS TX*

4. FEI Number

75-2517127

Applied For

Not Applicable

Zip

Country

Zip

*76301*

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

CREWS, RANDY  
822 27TH STREET WEST  
BRADENTON FL 34205

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 ☐ Delete  
MGRM CROUCH, GARY  
STREET ADDRESS 1715 NINTH STREET  
CITY - ST - ZIP WICHITA FALLS TX 76301

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

TITLE NAME ☐ Delete  
MGRM BERNETHY, LARRY  
STREET ADDRESS 7701 WATERS AVENUE  
CITY - ST - ZIP SAVANNAH GA 31406-3813

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP  
**100003188891--9**  
**-03/29/00--01072--011**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

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

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

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]* **SIGNATURE REQUIRED**

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

*03/13/00*

Date

*940.723.5531*

Daytime Phone #