

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38566

1. Entity Name

COASTAL RESEARCH & EDUCATION, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90009 009 ****61.25

Principal Place of Business

Mailing Address

14630 S.W. 144 TERRACE
MIAMI FL 33186

14630 S.W. 144 TERRACE
MIAMI FL 33186-5617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0235563

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTELLO, CARMEN, J.D.
2950 S.W. 87TH AVENUE
MIAMI FL 33185

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME BAKER, KANE
STREET ADDRESS 1246 NORTHLAKE WAY
CITY-ST-ZIP PALM BEACH FL

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

TITLE S ☒ Delete
NAME IGOE, JOHN G.
STREET ADDRESS 250 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS CASTELLO, CARMEN
CITY-ST-ZIP 2950 SW 87 AVE.
MIAMI, FL 33185

TITLE PD ☐ Delete
NAME LINDEMAN, KENYON
STREET ADDRESS 14630 SW 144 TERRACE
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME SCHRAFT, JUDY
STREET ADDRESS 325 CRESCENT DR
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE VP ☐ Delete
NAME ROBERT CALLAHAN
STREET ADDRESS 15053 SW 142 CT.
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME CHANDLER, JUDY
STREET ADDRESS 14374 138 AVE
CITY-ST-ZIP MIAMI FL

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)