

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003248

1. Entity Name

COASTAL RESOURCES FOUNDATION, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90088 012 ****61.25

0074825

Principal Place of Business
359 W DEARBORN ST
ENGLEWOOD FL 34223

Mailing Address
359 W DEARBORN ST
ENGLEWOOD FL 34223

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 65-0425700

Applied For
Not Applicable

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

WARREN, R. EARL
359 W DEARBORN ST
ENGLEWOOD FL 34223

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 PD
NAME WARREN, R. EARL
STREET ADDRESS 359 W DEARBORN ST
CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Delete

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

TITLE SD
NAME WARREN, SYLVIA E
STREET ADDRESS 359 W DEARBORN ST
CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Delete

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

TITLE D
NAME BRADLEY, ALICE
STREET ADDRESS 16221 SW 287TH ST
CITY-ST-ZIP MIAMI FL 33033 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

R. Earl Warren
R. Earl Warren

1/09/01

941-474-7768

Date

Daytime Phone #

CR2E037 (10/00)