

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000004905**

1. Entity Name

COASTAL BAY PROPERTIES, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90044 009 ****61.25

Principal Place of Business 5015 N. 22ND STREET TAMPA FL 33610	Mailing Address 5015 N. 22ND STREET TAMPA FL 33610-5016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3401549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KLEIN, CARL
5015 N. 22ND STREET
TAMPA FL 33610

7. Name and Address of New Registered Agent

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 _____ (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

TITLE PD	<input type="checkbox"/> Delete
NAME COLE, ROBERT SR	
STREET ADDRESS 11719 TOM FOLSOM RD.	
CITY-ST-ZIP TAMPA FL 33592	
TITLE VPD	<input type="checkbox"/> Delete
NAME SHIPP, ROBERT	
STREET ADDRESS 4424 ATWATER DRIVE	
CITY-ST-ZIP TAMPA FL 33610	
TITLE SD	<input type="checkbox"/> Delete
NAME SADLER, GEORGE W REV.	
STREET ADDRESS 5095 EAST PALM AVE.	
CITY-ST-ZIP TAMPA FL 33602	
TITLE TD	<input type="checkbox"/> Delete
NAME JONES, LOUIS	
STREET ADDRESS 222 FAITHWAY DR.	
CITY-ST-ZIP TAMPA FL 33605	
TITLE D	<input type="checkbox"/> Delete
NAME HAMMOND, JAMES A	
STREET ADDRESS 2505 19TH AVE.	
CITY-ST-ZIP TAMPA FL 33607	
TITLE D	<input type="checkbox"/> Delete
NAME SCOTT, ROBERT R	
STREET ADDRESS 3604 RIVERGROVE DRIVE	
CITY-ST-ZIP TAMPA FL 33610	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert Cole*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00 *813(237-6800)*
 Date Daytime Phone #

CR2E037 (9/99)