

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90202 018 \*\*\*\*70.00

**DOCUMENT # N96000004905**

1. Entity Name  
**COASTAL BAY PROPERTIES, INC.**

Principal Place of Business 5015 N. 22ND STREET TAMPA FL 33610	Mailing Address 5015 N. 22ND STREET TAMPA FL 33610
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>59-3401549</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Director MACIC, monroe STREET ADDRESS 3002 St. Cloud CITY-ST-ZIP TAMPA, Florida 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert L. Cole Sr. DATE: (818) 237-6800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRSE037 (10/00)