2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N97000003696** Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** COASTLINE BUSINESS CENTER CONDOMINIUM ASSOCIATIO 03-29-2000 90039 036 ****61.25 Principal Place of Business Mailing Address 125 COASTLINE RD. STE. 2000 125 COASTLINE RD. STE. 2000 SANFORD FL 32771 SANFORD FL 32771-6315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3478619 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BREWER, DAVID B. 125 COASTLINE RD **STE 2000** Zip Code City SANFORD FL 32771 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Addition TITLE Delete ☐ Change NAME CARDEGNIO, RICHARD B NAME STREET ADDRESS 3611 N.W. 124TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Change ☐ Addition TITLE DVST ☐ Delete TITLE NAME BREWER, DAVID B NAME STREET ADDRESS 125 COASTLINE RD. STE. 2000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 ☐ Change TITLE ☐ Delete TITLE ☐ Addition BREWER, MARTHA J NAME NAME STREET ADDRESS STREET ADDRESS 125 COASTLINE RD. STE. 2000 CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 D ☐ Change ☐ Addition TITLE ☐ Delete TITLE CARDEGNIO, MARK R NAME NAME STREET ADDRESS 3611 N.W. 124TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE

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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.23.00

407 - 330 -9901

Daytime Phone #