

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000459

1. Entity Name

COASTAL OPERATIONS INSTITUTE, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90021 016 ****61.25

Principal Place of Business

Mailing Address

6703 W. HWY. 98, BLDG. 452
PANAMA CITY FL 32407

6703 W. HWY. 98, BLDG. 452
PANAMA CITY FL 32407-7000

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

69-3573554

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

MCDONALD, GLEN R
6703 W. HWY. 98, BLDG. 452
PANAMA CITY FL 32407

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 BRATTON, JIMMIE L
STREET ADDRESS 4300 SAN MATEO BLVD., NE, STE.A-220
CITY-ST-ZIP ALBUQUERQUE NW 87110

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

TITLE D ☐ Delete
NAME DANTZLER, L N
STREET ADDRESS 3000 S. HWY 77
CITY-ST-ZIP LYNN HAVEN FL 32444

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

TITLE D ☐ Delete
NAME MCSPADDEN, ROBERT PH.D
STREET ADDRESS 5230 WEST HWY. 98
CITY-ST-ZIP PANAMA CITY FL 32401

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

TITLE D ☐ Delete
NAME HINE, CHRIS
STREET ADDRESS 415 BECKRICH ROAD, SUITE 350
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

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

TITLE ☐ Delete
NAME SECRETARY/TREASURER
STREET ADDRESS ARTMAN, DAVID H. PH.D
CITY-ST-ZIP 215 HARRISON AVENUE
PANAMA CITY, FL 32401

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/28/00 (850) 230-7301

Date

Daytime Phone #

CR2E037 (9/99)