

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90070 004 ***150.00

DOCUMENT # P00000061880

1. Entity Name

COASTAL REALTY SALES, INC.

Principal Place of Business

**3757 TAMiami TR. NORTH
 NAPLES FL 34103**

Mailing Address

**3757 TAMiami TR. NORTH
 NAPLES FL 34103**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o ResortQuest International, Inc.

Suite, Apt. #, etc.

530 Oak Court Dr., Suite 360

City & State

Memphis, TN

Zip

38117

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BRAND, KENNETH W
 3757 TAMiami TR. NORTH
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRAND, KENNETH W	
STREET ADDRESS	3757 TAMiami TR. NORTH	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	STARR, CHARLES L	
STREET ADDRESS	4030 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVINE, DAVID	
STREET ADDRESS	530 OAK COURT DR., STE 360	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/Gen Coun/Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. Ronald Halpern	
STREET ADDRESS	530 Oak Court Dr., Suite 360	
CITY-ST-ZIP	Memphis, TN 38117	
TITLE	VP/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Selberg	
STREET ADDRESS	530 Oak Court Dr., Suite 360	
CITY-ST-ZIP	Memphis, TN 38117	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen M. Ray	
STREET ADDRESS	530 Oak Court Drive, Suite 360	
CITY-ST-ZIP	Memphis, TN 38117	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **4/19/02** **901/762-4079**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)