

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000023737**

1. Entity Name

**EAST COAST INVESTMENTS, INC.**

Principal Place of Business

**7001 ALOMA AVENUE  
WINTER PARK FL 32792**

Mailing Address

**65 RADTKE ROAD  
RANDOLPH NJ 07869**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3177224**

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

**HILLMAN, RANDY  
203 EAST HILLCREST STREET  
ORLANDO FL 32801**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Delete
NAME	KNAPP, RICHARD D	
STREET ADDRESS	65 RADTKE ROAD	
CITY-ST-ZIP	RANDOLPH FL 07869	

TITLE	V	<input type="checkbox"/> Delete
NAME	KNAPP, PATRICIA M	
STREET ADDRESS	65 RADTKE ROAD	
CITY-ST-ZIP	RANDOLPH FL 07869	

TITLE	D	<input type="checkbox"/> Delete
NAME	KNAPP, RICHARD M	
STREET ADDRESS	4384 N MILE HIGH DR	
CITY-ST-ZIP	PROVO UT 84604	

TITLE	T	<input type="checkbox"/> Delete
NAME	KNAPP, PATRICIA M	
STREET ADDRESS	65 RADTKE ROAD	
CITY-ST-ZIP	RANDOLPH NJ 07869	

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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90078 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0695566

CR2E034 (10/00)