2000 UNIFORM BUSINESS REPORT (UBR)

MATURE: LINDER BUNAN WINKLE

FILED DOCUMENT # P93000039267 Mar 08, 2000 8:00 am Secretary of State COASTAL CAMPERS ASSOCIATES, INC. 03-08-2000 90011 050 ***150.00 Principal Place of Business Mailing Address 28870 US 19 NORTH 28870 US 19 NORTH STE 230 STE 230 U U U N U U U U 🕳 CLEARWATER FL 33761 CLEARWATER FL 33761-2564 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3166671 Not Applicable Zip Country Zip 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 LINDER, B. VAN WINKLE Street-Address (P.O. Box Number is Not Acceptable) 14309 CLAMSHELL LA **HUDSON FL 34667** City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete TITLE Change Addition van Winkle, Linder B NAME 14309 CLAMSHELL LA STREET ADDRESS ... ADDRESS CITY-ST-ZIP ST-ZIP HUDSON FL 34667 Change ☐ Addition ☐ Delete TITLE. NAME ___.scenega STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS ST ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME AUDOFOS STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS ACCUREGO ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-7IP 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.