## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am Secretary of State P94000076083 DOCUMENT # 1. Entity Name 04-22-2002 90254 014 \*\*\*150.00 COASTAL REAL ESTATE SALES, INC. Principal Place of Business Mailing Address 4030 GULF OF MEXICO DRIVE 4030 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address c/o ResortOuest International, Inc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 530 Oak Court Dr., Suite 360 Applied For 4. FEI Number City & State City & State 65-0530352 Not Applicable Memohis, TN Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 38117 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. . **S**. 🔀 Change ☐ Addition TITLE ☐ Delete TITLE NAME STARR, CHARLES L III NAME STARR, CHARLES STREET ADDRESS STREET ADDRESS 4030 GULF OF MEXICO DRIVE CITY-ST-ZIP LONGBOAT KEY FL CITY-ST-7IP TITLE TITLE Delete NAME NAME COLLINS, WENDY David L. Levine STREET ADDRESS STREET ADDRESS 530 Oak Court Dr., Suite 360 4030 GULF OF MEXICO DRIVE CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 Memohis, TN 38117 VP/Gen Coun/Sec Change | X Addition TITLE ☐ Delete TITLE NAME NAME M.-Ronald Halpern STREET ADDRESS STREET ADDRESS 530 Oak Court Dr., Suite 360 CITY-ST-ZIP CITY-ST-ZIP Memohis, TN 38117 ☐ Change Addition ☐ Delete TITLE VP/Treas. TITLE NAME NAME David Selberg STREET ADDRESS STREET ADDRESS 530 Oak Court Drive, Suitë 360 Memphis, TN 38117 CITY-ST-ZIP CITY-ST-ZIP **★** Addition Change ☐ Delete TITLE VP/Cont. TITLE J. Scott Murphy NAME NAME STREET ADDRESS STREET ADDRESS 530 Oak Court Drive, Suite 360 CITY-ST-ZIP CITY-ST-ZIP Memohis, TN 38117 TITLE ☐ Change Addition Delete AS TITLE NAME NAME Karren M. Ray STREET ADDRESS STREET ADDRESS 530 Oak Court Dr., Suite 360 CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME

**FILED** 

CR2E034 (9/01