

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90289 001 \*1,185.00

**DOCUMENT # P95000051908**

1. Entity Name

**INTRACOASTAL HOLDINGS, INC.**

72267

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**1309 North Flagler Drive      1309 North Flagler Drive**  
**West Palm Beach, FL 33401      West Palm Beach, FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0699176

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Valerie G. Larcombe, Esq.  
 Akerman Senterfitt  
 777 So. Flagler Drive  
 West Palm Beach, FL 33401

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      VCD ☒ Delete  
 NAME      Richard Johnson  
 STREET ADDRESS      1309 North Flagler Drive  
 CITY-ST-ZIP      West Palm Beach, FL 33401

TITLE      CPD ☐ Change ☒ Addition  
 NAME      Robert Stanek  
 STREET ADDRESS      1309 North Flagler Drive  
 CITY-ST-ZIP      West Palm Beach, FL 33401

TITLE      TD ☐ Delete  
 NAME      Michael Loscalzo  
 STREET ADDRESS      1309 North Flagler Drive  
 CITY-ST-ZIP      West Palm Beach, FL 33401

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

TITLE      S ☐ Delete  
 NAME      Valerie Larcombe  
 STREET ADDRESS      1309 North Flagler Drive  
 CITY-ST-ZIP      West Palm Beach, FL 33401

TITLE      S ☒ Change ☐ Addition  
 NAME      Valerie Larcombe  
 STREET ADDRESS      777 So. Flagler Drive, Suite 900-East  
 CITY-ST-ZIP      West Palm Beach, FL 33401

TITLE      CD ☒ Delete  
 NAME      Frederick Adler  
 STREET ADDRESS      1309 North Flagler Drive  
 CITY-ST-ZIP      West Palm Beach, FL 33401

TITLE      D ☐ Change ☒ Addition  
 NAME      Kenneth Eshak  
 STREET ADDRESS      1309 North Flagler Drive  
 CITY-ST-ZIP      West Palm Beach, FL 33401

TITLE      PD ☒ Delete  
 NAME      Steven Nathan  
 STREET ADDRESS      1309 North Flagler Drive  
 CITY-ST-ZIP      West Palm Beach, FL 33401

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     

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)