

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060218

1. Entity Name

FINS COASTAL BAR & GRILLE, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90010 013 ***550.00

Principal Place of Business

6767 N WILKHAM RD
STE 400
MELBOURNE FL 32940
US

Mailing Address

6767 N WILKHAM RD
STE 400
MELBOURNE FL 32940
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3332248

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

JOHNSON, WILLIAM A
6767 N. WICKHAM ROAD, SUITE 400F
MELBOURNE FL 32940

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 reinstalling)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	POORE, DAVID W	6118 ANCHOR LANE	ROCKLEDGE FL 32955	
	V			
	DAVIS, JOHNNY E	370 BAYTREE DR	MELBOURNE FL 32940	
	S			
	POORE, SANDRA L	6118 ANCHOR LANE	ROCKLEDGE FL 32955	
	T			
	DAVIS, CATHERINE F	370 BAYTREE DR	MELBOURNE FL 32955	
	D			
	BULLARD, FRED B.	2325 ULMERTON RD, #20	CLEARWATER FL	
	D			
	BULLARD, KAROL K.	2325 ULMERTON RD, #20	CLEARWATER FL	

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

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 OF DAVID W. POORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

770-00 321-255-2934

CR2E034 (5/00)