

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 28, 2000 08:00 AM**
Secretary of State**DOCUMENT # P95000070071****1. Entity Name**

CORAL CORPORATION OF WEST COAST, FLORIDA

Principal Place of Business877 EXECUTIVE CENTER DRIVE WEST
STE 303
ST. PETERSBURG FL
33702**Mailing Address**877 EXECUTIVE CENTER DRIVE WEST
STE 303
ST. PETERSBURG FL
33702**2. Principal Place of Business**
877 EXECUTIVE CENTER DRIVE WEST**3. Mailing Address**
877 EXECUTIVE CENTER DRIVE WESTSuite, Apt. #, etc.
STE 303Suite, Apt. #, etc.
STE 303City & State
ST. PETERSBURG FLCity & State
ST. PETERSBURG FLZip
33702Country
USZip
33702Country
US**4. FEI Number**
59-3341004Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMASCARA ERNEST L
877 EXECUTIVE CENTER DRIVE WEST
STE 303
ST. PETERSBURG FL
33702 US**7. Name and Address of New Registered Agent**

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)

03/28/2000

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, 2000 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**TITLE DVPS ☐ Delete
NAME KEANE JOANNE M
STREET ADDRESS 3910 GULF BOULEVARD
CITY-ST-ZIP ST. PETE BEACH FL 33706TITLE DPT ☐ Delete
NAME KEANE ANDREW J
STREET ADDRESS 3910 GULF BOULEVARD
CITY-ST-ZIP ST. PETE BEACH FL 33706TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE DVPS ☒ Change ☐ Addition
NAME KEANE JOANNE M
STREET ADDRESS 3910 GULF BOULEVARD
CITY-ST-ZIP ST. PETE BEACH FL 33706TITLE DPT ☒ Change ☐ Addition
NAME KEANE ANDREW J
STREET ADDRESS 3910 GULF BOULEVARD
CITY-ST-ZIP ST. PETE BEACH FL 33706TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 all other like empowered.****SIGNATURE:** Andrew J Keane

PRES 03/28/2000