

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90003 019 ***550.00

DOCUMENT # P95000071870

1. Entity Name
COASTAL DEVELOPMENT OF NORTH FLORIDA, INC.

Principal Place of Business
512 E. WASHINGTON ST
SUITE 300
JACKSONVILLE FL 32202
US

Mailing Address
ONE INDEPENDENT DRIVE
SUITE 300
JACKSONVILLE FL 32202
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13 La Vista Dr.

3. Mailing Address

13 La Vista Dr

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Ponte Vedra, FL

City & State

Ponte Vedra, FL

Zip

32082

Country

St. John's

Zip

32082

Country

St. John's

4. FEI Number: **59-3337102**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOOMEY, RICHARD J
512 WASHINGTON ST.
ORLANDO FL 34786

7. Name and Address of New Registered Agent

Name

Toomey, Richard J.

Street Address (P.O. Box Number is Not Acceptable)

13 La Vista Dr

City

Ponte Vedra,

FL

Zip Code

32082

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/19/01
 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 12, 2001 Fee 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

TITLE	D	<input type="checkbox"/> Delete
NAME	TOOMEY, RICHARD J	
STREET ADDRESS	512 WASHINGTON ST.	
CITY-ST-ZIP	ORLANDO FL 34786	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PICKETT, BRETT	
STREET ADDRESS	8818 W. NATURE VIEW LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Toomey, Richard J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13 La Vista Dr.	
STREET ADDRESS	Ponte Vedra, FL 32082	
CITY-ST-ZIP		
TITLE	Pickett, Brett	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8818 W. N. 4th Ave	
STREET ADDRESS	Jacksonville Beach, FL 32250	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED** **Richard J. Toomey** **7/19/01** **(904) 608-7482**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0002160 AV

CR2E034 (5/01)