

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089459

1. Entity Name

EAST COAST AMUSEMENT, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90019 023 ***150.00

Principal Place of Business

12201 NW 35TH ST. BAY 535
CORAL SPRINGS FL 33065

Mailing Address

12201 NW 35TH ST. BAY 535
CORAL SPRINGS FL 33065-2576

2. Principal Place of Business

EAST COAST AMUSEMENT

3. Mailing Address

EAST COAST AMUSEMENT

Suite, Apt. #, etc. 1127 S.W. 1ST WAY
DEERFIELD BEACH, FL 33441

Suite, Apt. #, etc. 1127 S.W. 1ST WAY
DEERFIELD BEACH, FL 33441

City & State

City & State

4. FEI Number

65-0655327

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

LICHTMAN, STEPHEN
8037 STIRRUP CAY COURT
BOYNTON BEACH FL 33426

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME LICHTMAN, ADAM
STREET ADDRESS 8037 STIRRUP CAY COURT
CITY-ST-ZIP BOYNTON BEACH FL 33436

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

TITLE P ☐ Delete
NAME LICHTMAN, STEPHEN
STREET ADDRESS 8037 STIRRUP CAY COURT
CITY-ST-ZIP BOYNTON BEACH FL 33436

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Delete
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)