

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031483

1. Entity Name

COASTLINE SCHOOLS, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90020 033 ***150.00

Principal Place of Business

Mailing Address

132 MARK TWAIN LN
ROTONDA WEST FL 33947

132 MARK TWAIN LN
ROTONDA WEST FL 33947-2141

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

59-3374480

Applied 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 Agent

7. Name and Address of New Registered Agent

CASPARI, STEPHEN M
9981 LAKE SEMINOLE DR W
LARGO FL 34643

Name

CASPARI, STEPHEN M.

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

132 MARK TWAIN LN.

City

ROTONDA WEST

FL

Zip Code

33947

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 STEPHEN M. CASPARI

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

(NOTE: Registered Agent signature required when reinstating)

Stephen M. Caspari

1-28-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS CASPARI, STEPHEN M
CITY-ST-ZIP 132 MARK TWAIN LN
ROTONDA WEST FL 33947

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

TITLE ☐ Delete
NAME TSD
STREET ADDRESS CASPARI, DOLORES J
CITY-ST-ZIP 132 MARK TWAIN LN
ROTONDA WEST FL 33947

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Stephen M. Caspari

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-2000

Date

1-800-308-0136

Daytime Phone #

CR2E034 (9/99)