

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90070 040 ***150.00

0407259

DOCUMENT # P96000054365

1. Entity Name

FLORIDA COAST DEVELOPMENT CORPORATION

Principal Place of Business

**4995 ASHLEY PWY
 SARASOTA FL 34241
 US**

Mailing Address

**PO BOX 2485
 SARASOTA FL 34230
 US**

2. Principal Place of Business

623 Misty Pond Ct.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Zip

34202

Country

Manatee

Zip

Country

4. FEI Number

65-0678860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**EPPARD, WALT
 2100 CONSTITUTION BOULEVARD
 SARASOTA FL 34231**

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

Walt C. Eppard

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, 2001 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 **PVTD** ☐ Delete
 NAME **EPPARD, WALT**
 STREET ADDRESS **4995 ASHLEY PARKWAY**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **D** ☐ Delete
 NAME **EPPARD, RENEE**
 STREET ADDRESS **4995 ASHLEY PWY**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

Walt C. Eppard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01

Date

Daytime Phone #

CR2E034 (10/00)