

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

0615128 AV

**DOCUMENT # P96000054365**

1. Entity Name

**FLORIDA COAST DEVELOPMENT CORPORATION**

03-04-2002 90018 012 \*\*\*150.00

Principal Place of Business

**623 MISTY POND CT  
 BRADENTON FL 34202  
 US**

Mailing Address

**PO BOX 2485  
 SARASOTA FL 34230  
 US**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0678860**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

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)

**623 Misty Pond Ct.**

City

**Bradenton**

**FL**

Zip Code

**34202**

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 Eppard*

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

(NOTE: Registered Agent signature required when reinstating)

*2/18/02*

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, 2002 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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 **623 Misty Pond Ct.**  
 CITY-ST-ZIP **Bradenton, FL 34202**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **623 Misty Pond Ct.**  
 CITY-ST-ZIP **Bradenton, FL 34202**

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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:

*Walt Eppard*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/18/02* **941-726-2593**  
 Date Daytime Phone #

CR2E034 (9/01)