## 2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## DOCUMENT # P96000100962 1. Entity Name COASTAL LENDING CORPORATION Principal Place of Business Mailing Address 10778 SE FEDERAL HWY 10778 SE FEDERAL HWY HOBE SOUND FL 33455-4922 HOBE SOUND FL 33455

6. Name and Address of Current Registered Agent

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

2. Principal Place of Business

DAVINO, RALPH F

10778 SE FEDERAL HWY **HOBE SOUND FL 33455** 

Suite, Apt. #, etc.

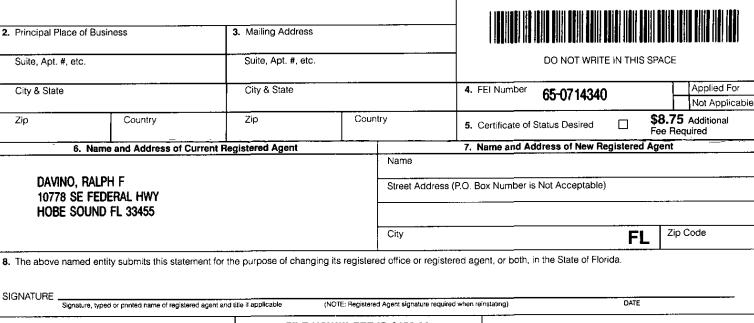
City & State

Zip

SIGNATURE

## Apr 11, 2000 8:00 am Secretary of State

04-11-2000 90238 033 \*\*\*150.00



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		0.00	Election Campaign Financing     Trust Fund Contribution.		<b>0</b> May Be I to Fees
11. OFFICERS AND DIRECTORS		12.	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT DAVINO, RALPH F 8023 SE WINDJAMMER WAY HOBE SOUND FL 33455	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEIDMAN, JOANNE C 4193 SE ST. LUCIE BLVD. STUART FL 33997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

Country

Name

City

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