

2001 UNIFORM BUSINESS REPC RT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90003 049 ***150.00

DOCUMENT # P97000029547

1. Entity Name
COAST - TO - COAST FINANCIAL, INC.

Principal Place of Business

**4505 FERNWOOD DR
MIMS FL 32754**

Mailing Address

**4505 FERNWOOD DR
MIMS FL 32754**

2. Principal Place of Business

6966 ALOMA AVE

Suite, Apt. #, etc.

3. Mailing Address

6966 ALOMA AVE

Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

WINTER PARK FL

Zip

32792

Country

USA

Zip

32792

Country

USA

4. FEI Number

59-3442782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAMPBELL, PETER T
4505 FERNWOOD DRIVE
MIMS FL 32754**

7. Name and Address of New Registered Agent

Name

AVALLONE, JOSEPH

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

6966 ALOMA AVE

City

WINTER PARK

FL

Zip Code

32792

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

Joseph Avallone **Joseph Avallone**

5-18-01

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

(NOT Required Agent's 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	DT	<input type="checkbox"/> Delete
NAME	HANTEN, RICHARD	
STREET ADDRESS	3775 JOHN ANDERSON DR	
CITY-ST-ZIP	ORMOND BCH FL 32176	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PAYNE, DAVID L	
STREET ADDRESS	153 E LAKE BRANTLEY DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, PETER T	
STREET ADDRESS	4505 FERNWOOD DR	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	DV	<input type="checkbox"/> Delete
NAME	AVALLONE, JOSEPH	
STREET ADDRESS	6966 ALOMA AVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WATSON, KAREN	
STREET ADDRESS	2653 MCCORMICK DR	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANTEN, RICHARD	
STREET ADDRESS	3775 JOHN ANDERSON DR	
CITY-ST-ZIP	ORMOND BCH FL 32176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVALLONE, JOSEPH	
STREET ADDRESS	6966 ALOMA AVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

Joseph Avallone **(Joseph Avallone)** **5-18-01** **407 678-4014**

CR2E034 (10/00)

Attachment
660252
p97000029547

May 18, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

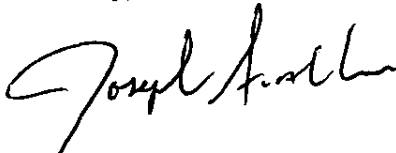
Dear Sirs:

When the Coast to Coast Financial Inc. Corporate Board of Directors met on March 28, 2001, it was voted to dissolve the corporation and therefore no Uniform Business Report was filed. Complex negotiations were then begun to bring about this dissolution among the five principals of the corporation. However during an overseas trip from late April until the second week in May, an agreement was reached whereby the two remaining officers listed on the form would retain the corporation. The Uniform Business Report was immediately completed and the enclosed check for the filing fee was drafted. Under the circumstances as described above, your consideration in waiving the penalty for late filing would be appreciated.

Correspondence concerning this request should be mailed to me at the new address for the corporation as listed on the UBR form.

Thank you for your consideration.

Sincerely,



Joseph Avallone
CTC Financial Inc.
6966 Aloma Avenue
Winter Park, FL 32792