

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060180

1. Entity Name
EAST COAST YACHTS, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90031 047 ***150.00

Principal Place of Business

7515 PARK SPRINGS CIRCLE
ORLANDO FL 32835

Mailing Address

7515 PARK SPRINGS CIRCLE
ORLANDO FL 32835-2643

B0020204



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8418 BAY SPRINGS DRIVE

3. Mailing Address

8418 BAY SPRINGS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number 59-3469715

Applied For
Not Applicable

Zip 32819 Country U.S.A.

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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORRIS, RICHARD W ESQ
7651-A ASHLEY PARK COURT
SUITE 401
ORLANDO FL 32835

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

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, 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 PVST
NAME JULIAN, DEBRA A
STREET ADDRESS 7515 PARK SPRINGS CIRCLE
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS 8418 BAY SPRINGS DRIVE
CITY-ST-ZIP ORLANDO, FL 32819 ☐ Change ☐ Addition

TITLE D
NAME JULIAN, DEBRA A
STREET ADDRESS 7515 PARK SPRINGS CIRCLE
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS 8418 BAY SPRINGS DRIVE
CITY-ST-ZIP ORLANDO, FL 32819 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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: *Debra A. Julian*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra A. Julian, Pres.

2/7/00

(407)876-4222

Date

Daytime Phone #

CR2E034 (9/99)