

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077566

1. Entity Name

THE PRESERVE AT COCONUT POINTE, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90049 024 ***150.00

Principal Place of Business	Mailing Address
914 DIXON BLVD COCOA FL 32922 US	P.O. BOX 3767 COCOA FL 32924-3767 US

2. Principal Place of Business	3. Mailing Address
516 Delannoy Ave	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-3476084	Applied For
		Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KIRSCHENBAUM, MALCOLM R
~~914 DIXON BLVD~~
COCOA FL 32922
516 Delannoy Ave

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 _____ (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	
TITLE	PD
NAME	KIRSCHENBAUM, MALCOLM R
STREET ADDRESS	914 DIXON BLVD
CITY-ST-ZIP	COCOA FL 32922
	<input checked="" type="checkbox"/> Delete
TITLE	STD
NAME	QUARRIE, SHERRI
STREET ADDRESS	914 DIXON BLVD
CITY-ST-ZIP	COCOA FL 32922
	<input checked="" type="checkbox"/> Delete
TITLE	PD
NAME	JIM SWANN
STREET ADDRESS	516 DELANNAY AVE
CITY-ST-ZIP	COCOA, FL 32922
	<input type="checkbox"/> Delete
TITLE	STD
NAME	GUY M. SPEARMAN
STREET ADDRESS	516 DELANNAY AVE
CITY-ST-ZIP	COCOA, FL 32922
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jim Swann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Jim Swann
321-631-2022

4/1/00
Date

Daytime Phone #

CR2E034 (9/99)