

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90020 029 \*\*\*150.00

**DOCUMENT # P97000090111**

1. Entity Name

**COASTAL CHARTERS AND ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

9006 GARDENS GLEN CIRCLE  
 PALM BEACH GARDENS FL 33418

9006 GARDENS GLEN CIRCLE  
 PALM BEACH GARDENS FL 33418

2. Principal Place of Business

3. Mailing Address

**1942 SE ERWIN RD**

**1942 SE ERWIN RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Port St. Lucie, FL**

**Port St. Lucie**

City & State

City & State

**34952**

**34952**

Zip

Zip

Country **ST. LUCIE**

Country **ST. LUCIE**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0790502**

Applied For  
 Not Applicable

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

**KENNEDY, MICHAEL J**  
**1801 AUSTRALIAN AVENUE SOUTH**  
**SUITE 100**  
**WEST PLAM BEACH FL 33409**

Name **Kennedy, Michael J**

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

**515 N Flagler Dr**

City **WPB**

FL Zip Code **33401**

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, 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 | NAME                     | STREET ADDRESS                  | CITY-ST-ZIP                        | <input type="checkbox"/> Delete |
|-------|--------------------------|---------------------------------|------------------------------------|---------------------------------|
|       | <b>D SACKS, GEOFFREY</b> | <b>9006 GARDENS GLEN CIRCLE</b> | <b>PALM BEACH GARDENS FL 33418</b> | <input type="checkbox"/>        |
|       |                          |                                 |                                    | <input type="checkbox"/>        |
|       |                          |                                 |                                    | <input type="checkbox"/>        |
|       |                          |                                 |                                    | <input type="checkbox"/>        |
|       |                          |                                 |                                    | <input type="checkbox"/>        |
|       |                          |                                 |                                    | <input type="checkbox"/>        |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                   | STREET ADDRESS          | CITY-ST-ZIP                    | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition |
|-------|------------------------|-------------------------|--------------------------------|-------------------------------------|-----------------------------------|
|       | <b>SACKS, Geoffrey</b> | <b>1942 SE ERWIN RD</b> | <b>Port St. Lucie FL 34952</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
|       |                        |                         |                                | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |                        |                         |                                | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |                        |                         |                                | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |                        |                         |                                | <input type="checkbox"/>            | <input type="checkbox"/>          |

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:

**Geoffrey Sacks**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/20/01**  
 Date

**561-622-3242**  
 Daytime Phone #

CP2E034 (10/00)