

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90037 033 \*\*\*150.00

DOCUMENT # P97000108038

1. Entity Name

INTERCOASTAL FINANCIAL SERVICES CORP.

Principal Place of Business

Mailing Address

780 US HWY ONE  
STE 206  
N. PALM BCH FL 33408  
US

780 US HWY ONE  
STE 206  
N. PALM BCH FL 33408  
US

905618



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

760 US HWY ONE

3. Mailing Address

760 US HWY ONE

Suite, Apt. #, etc.

STE 206

Suite, Apt. #, etc.

STE 206

City & State

N. Palm Beach, FL

City & State

N. Palm Beach, FL

4. FEI Number 65-0816892

Applied For

Not Applied For

Zip

33408

Country

Zip

33408

Country

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

SHAFFER, ROGER L JR.  
2201 CORPORATE BLVD., NW, SUITE 105  
BOCA RATON FL 33431

Name

ROGER L SHAFFER

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

2201 CORPORATE BLVD. NW, SUITE 105

City

BOCA RATON

State

FL

Zip

33431

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

ROGER L SHAFFER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-00

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

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 D  
NAME WARREN, ROY G  
STREET ADDRESS 1128 COUNTRY CLUB CRIVE  
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 119 EBBTIDE DRIVE  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE PD  
NAME ZENTZ, ROY C  
STREET ADDRESS 16846 128TH TRAIL  
CITY-ST-ZIP JUIPTER FL 33478 ☐ Delete

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

TITLE STD  
NAME L'LEARY, MARILYN R  
STREET ADDRESS 701 ST GILES COURT  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE  
NAME O'LEARY, MARILYN R.  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

TITLE  
NAME  
STREET ADDRESS  
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:

Marilyn R. O'Leary

Date

1/13/99

Daytime Phone #

561-776-8112