

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027468

1. Entity Name

COAST TITLE INSURANCE AGENCY OF FLAGLER BEACH, I

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90141 023 ***150.00

Principal Place of Business

Mailing Address

31 OLD KINGS RD. NORTH STE.5
PALM COAST FL 32137

31 OLD KINGS RD. NORTH STE.5
PALM COAST FL 32137-8237

2. Principal Place of Business

3. Mailing Address

15 Cypress Branch Way

15 Cypress Branch Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203

Suite 203

City & State

City & State

Palm Coast FL

Palm Coast FL

Zip

Country

Zip

Country

32164

Flagler

32164

Flagler



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3496890

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

GIBBS, NICOLE R
31 OLD KINGS RD. NORTH STE.5
PALM COAST FL 32137

Name

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

15 Cypress Branch Way
Suite 203

City

Palm Coast

FL

Zip Code

32164

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 NAME STREET ADDRESS CITY-ST-ZIP	DP MCDERMOTT, SANDRA M 31 OLD KINGS RD. NORTH STE.5 PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GIBBS, DAVID D 31 OLD KINGS RD. NORTH STE.5 PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS GIBBS, NICOLE R 31 OLD KINGS RD. N STE5 PALM COAST FL 32137	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15 Cypress Branch Way Suite 203 Palm Coast FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15 Cypress Branch Way Suite 203 Palm Coast FL 32164
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicole R Gibbs

4-7-00

Date

904-445-2100

Daytime Phone #

CR2E034 (9/99)