

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000066841**

1. Entity Name

Coastal Chapels Inc.
d/b/a Amelia Amour

FILED

00 SEP 18 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20213

Principal Place of Business

Mailing Address

Same

28 South 10th St.
Fernandina Beach FL 32034

2. Principal Place of Business

28 South 10th Street
Suite, Apt. #, etc.

3. Mailing Address

28 South 10th Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fernandina Beach, FL
Zip **32034** Country **USA**

City & State

Florida Fernandina Beach
Zip **32034** Country **USA**

4. FEI Number

59-3538500

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Jeanette Banning
229 Marsh Lakes Dr
Fernandina Beach, FL 32034

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

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

TITLE	President and Owner	<input type="checkbox"/> Delete
NAME	Jeanette G. Banning	
STREET ADDRESS	229 Marsh Lakes Dr	
CITY-ST-ZIP	Fernandina Beach FL 32034	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	George W. Banning	
STREET ADDRESS	229 Marsh Lakes Dr	
CITY-ST-ZIP	Fernandina Beach FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Jeanette G. Banning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/25/00

Daytime Phone #

904/491-0460

CR2E034 (9/99)