

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0122698 AV

DOCUMENT # P98000082546

1. Entity Name  
COASTLAND PROPERTIES, INC.



FILED  
03 OCT -9 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
414 N. MIRAMAR AVENUE  
INDIAN LANTIC FL 32903

Mailing Address  
414 N. MIRAMAR AVENUE  
INDIAN LANTIC FL 32903

2. Principal Place of Business  
12914 S. Hwy 27  
Suite, Apt. #, etc.

3. Mailing Address  
12914 S. Hwy 27  
Suite, Apt. #, etc.



REINSTATEMENT 03  
☐ CHECK HERE IF MAKING CHANGES

City & State  
Clermont, FL  
Zip  
34711  
Country  
Lake

City & State  
Clermont, FL  
Zip  
34711  
Country  
Lake

4. FEI Number 59-3533832  
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

HILLARY, KATHY M  
414 N. MIRAMAR AVENUE  
INDIAN LANTIC FL 32903  
12914 S. Hwy 27  
Clermont, FL  
34711

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME HILLARY, KATHY M  
STREET ADDRESS 414 N. MIRAMAR AVENUE  
CITY-ST-ZIP INDIAN LANTIC FL 32903  
12914 S. Hwy 27  
Clermont, FL  
34711

TITLE PSTD  
NAME Kathleen Hillary  
STREET ADDRESS 12914 S. Hwy 27  
CITY-ST-ZIP Clermont, FL 34711  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200023663082  
10/09/03--01024--025 \*\*750.00  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200023663082  
10/09/03--01024--026 \*\*8.75  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen Hillary 10/01/03 352-243-2110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)