

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087751

1. Entity Name

CORAL BAY RESTAURANTS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90131 015 ***150.00

Principal Place of Business

Mailing Address

1601 NEWFOUND HARBOR DRIVE
MERRITT ISLAND FL 32952

1601 NEWFOUND HARBOR DRIVE
MERRITT ISLAND FL 32952-2850

2. Principal Place of Business

1601 NEWFOUND HARBOR DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FLA

Zip

32952

Country

USA

Zip

Country

4. FEI Number

59-3540382

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

Waelti, Jack L
1601 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32952

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	Waelti, Jack	
STREET ADDRESS	1601 NEWFOUND HARBOR DR	
CITY-ST-ZIP	VERO BEACH FL 32952	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	Waelti, Kristen	
STREET ADDRESS	1601 NEWFOUND HARBOR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DAVILA, BRANDY	
STREET ADDRESS	440 WINDTAMER WAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
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		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Waelti, Jack	
STREET ADDRESS	1601 NEWFOUND HARBOR DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-1-2000 321-453-4070

CR2E034 (9/99)