

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038177

1. Entity Name

COAST INVESTMENTS, INC.

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

04-13-2000 90043 036 \*\*\*150.00

Principal Place of Business

Mailing Address

185 CYPRESS POINT PARKWAY, STE. 9  
PALM COAST FL 32164

185 CYPRESS POINT PARKWAY, STE. 9  
PALM COAST FL 32164-8400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15 Cypress Branch Way  
Suite 203  
Palm Coast FL

15 Cypress Branch Way  
Suite 203  
Palm Coast FL

4. FEI Number

59-3573889

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  
185 CYPRESS POINT PARKWAY, STE. 9  
PALM COAST FL 32164

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	VD	<input type="checkbox"/> Delete
NAME	MCDERMOTT, SANDRA M	
STREET ADDRESS	185 CYPRESS POINT PARKWAY, STE. 9	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GIBBS, NICOLE R	
STREET ADDRESS	185 CYPRESS POINT PARKWAY, STE. 9	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GIBBS, DAVID D	
STREET ADDRESS	185 CYPRESS POINT PARKWAY, STE. 9	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GIBBS, JUDITH L	
STREET ADDRESS	185 CYPRESS POINT PARKWAY, STE. 9	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15 Cypress Branch Way STE 203
CITY-ST-ZIP	Palm Coast FL 32164
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15 Cypress Branch Way STE 203
CITY-ST-ZIP	Palm Coast FL 32164
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NAME	
STREET ADDRESS	15 Cypress Branch Way STE 203
CITY-ST-ZIP	Palm Coast FL 32164
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)