

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90158 007 ***150.00

DOCUMENT # P99000039111

1. Entity Name
EAST COAST REALTY AND DEVELOPMENT, INC.

Principal Place of Business Mailing Address
10265 BEAR VALLEY ROAD 10265 BEAR VALLEY ROAD
JACKSONVILLE FL 32257-5933 JACKSONVILLE FL 32257-5933



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5225 Atlantic View 5225 Atlantic View

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St. Augustine FL St. Augustine FL

Zip Country Zip Country
32084 USA 32084 USA

4. FEI Number Applied For
59-3571127 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BRANTLY, DEAN L
10265 BEAR VALLEY ROAD
JACKSONVILLE FL 32257-5933

7. Name and Address of New Registered Agent
 Name **Dean L. Brantly**
 Street Address (P.O. Box Number is Not Acceptable)
5225 Atlantic View
 City **St. Augustine** FL Zip Code **32084**

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 DATE **4/27/00**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRANTLY, DEAN L 10265 BEAR VALLEY ROAD JACKSONVILLE FL 32257-5933 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRANTLY, PRUDA E 10265 BEAR VALLEY ROAD JACKSONVILLE FL 32257-5933 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5225 Atlantic Vw St. Augustine, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5225 Atlantic Vw St. Augustine, FL 32084
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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: DATE **4/27/00** Daytime Phone # **904 266 0346**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)