

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039111

1. Entity Name

EAST COAST REALTY AND DEVELOPMENT, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90158 007 ***150.00

Principal Place of Business

10265 BEAR VALLEY ROAD
 JACKSONVILLE FL 32257-5933

Mailing Address

10265 BEAR VALLEY ROAD
 JACKSONVILLE FL 32257-5933

2. Principal Place of Business

5225 Atlantic View

Suite, Apt. #, etc.

3. Mailing Address

5225 Atlantic View

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Augustine FL

Zip

32084

Country

USA

City & State

St. Augustine FL

Zip

32084

Country

USA

4. FEI Number

59-3571127

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

BRANTLY, DEAN L
 10265 BEAR VALLEY ROAD
 JACKSONVILLE FL 32257-5933

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

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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	PD	<input type="checkbox"/> Delete
NAME	BRANTLY, DEAN L	
STREET ADDRESS	10265 BEAR VALLEY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257-5933	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BRANTLY, PRUDA E	
STREET ADDRESS	10265 BEAR VALLEY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257-5933	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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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	5225 Atlantic Vw	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5225 Atlantic Vw	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

4/27/00
 Date

904 262 0346
 Daytime Phone #

CR2E034 (9/99)