

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062460

1. Entity Name
CORAL COVE I, INC.**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90129 022 ***158.75

0542264

Principal Place of Business
PO BOX 369
BONITA SPRINGS FL 34133
Mailing Address
PO BOX 369
BONITA SPRINGS FL 341332. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3586159

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERDMAN, GREGORY A
3645 BONITA BEACH RD #3
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name Joshua J. Tugals
Street Address (P.O. Box Number is Not Acceptable)
3645 Bonita Beach Road Suite 3
City Bonita Springs FL Zip Code 34134

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
NAME ERDMAN, CHARLES J JR
STREET ADDRESS 3645 BONITA BEACH RD #3
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ DeleteTITLE DV
NAME ERDMAN, GREGORY A
STREET ADDRESS 3645 BONITA BEACH RD #3
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME Joshua J. Tugals
STREET ADDRESS 27852 Lime Street
CITY-ST-ZIP Bonita Springs FL 34133 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)