

778

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S25448**

1. Corporation Name

COASTLAND FAN CLUB, INC.

Principal Place of Business

1864 N TAMIAMI TRAIL
NAPLES FL 33940
US

Mailing Address

7880 BENT BRANCH DRIVE
SUITE 100
IRVING TX 75063

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90056 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1991

4. FEI Number

04-3106617

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **PARKS, RALPH T.**
STREET ADDRESS **7880 BENT BRANCH DR #100**
CITY-ST-ZIP **IRVING TX**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **ALBERT, CHARLES M.**
STREET ADDRESS **7880 BENT BRANCH DR #100**
CITY-ST-ZIP **IRVING TX**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **MAYER, MARK W**
STREET ADDRESS **7880 BENT BRANCH DR #100**
CITY-ST-ZIP **IRVING TX**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **NANCY L. WINTON**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VPT** ☐ DELETE
NAME **ROACH, DONALD V**
STREET ADDRESS **7880 BENT BRANCH DR 100**
CITY-ST-ZIP **IRVING TX 75063**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **AS** ☐ DELETE
NAME **WINTON, NANCY L**
STREET ADDRESS **7880 BENT BRANCH DR #100**
CITY-ST-ZIP **IRVING TX 75063**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **VIKRI RODRIGUEZ**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NANCY L. WINTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99

972-501-5000

Date

Daytime Phone #

CR2E034 (11/98)