

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S53756

1. Entity Name

JAS COASTAL REALTY, INC.

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90018 031 \*\*\*150.00

Principal Place of Business

Mailing Address

39987 EMERALD COAST PKWY  
DESTIN FL 32541  
US

POST OFFICE BOX 5708  
DESTIN FL 32540-5708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3070625

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

7. Name and Address of New Registered Agent

HALL, STEVE  
36468 EMERALD COAST PARKWAY  
STE 2201  
DESTIN FL 32541

Name

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

City

FL

Zip Code

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

TITLE PD ☐ Delete

NAME SHARPE, JAMES A  
STREET ADDRESS 4233 MARYSA DR  
CITY-ST-ZIP NICEVILLE FL 32578

TITLE VD ☐ Delete

NAME SHARPE, ANNE  
STREET ADDRESS 4233 MARYSA DR  
CITY-ST-ZIP NICEVILLE FL 32578

TITLE S ☐ Delete

NAME CARR, SHANNON  
STREET ADDRESS 4456 KINGSLYNN ROAD  
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition

NAME Sharpe, James A.  
STREET ADDRESS 1165 Crest Drive  
CITY-ST-ZIP Destin, FL 32541

TITLE VD ☒ Change ☐ Addition

NAME Sharpe, Anne A.  
STREET ADDRESS 1165 Crest Drive  
CITY-ST-ZIP Destin, FL 32541

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*James A. Sharpe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000  
Date

(850)  
654-4550  
Daytime Phone #