

# 2000 UNIFORM BUSINESS REPORT (UBR)

0029586

DOCUMENT # S60437

1. Entity Name  
COQUINA POINT DEVELOPMENT, INC.

FILED

00 FEB 24 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 525 FENTRESS BOULEVARD DAYTONA BEACH FL 32114-1209	Mailing Address PO BOX 2860 DAYTONA BEACH FL 32120-2860 US
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2. Principal Place of Business 275 Clyde Morris Blvd. Suite, Apt. #, etc.	3. Mailing Address 275 Clyde Morris Blvd. Suite, Apt. #, etc.
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City & State Ormond Beach FL	City & State Ormond Beach FL
Zip 32174	Zip 32174
Country USA	Country USA

4. FEI Number 59-3079564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VOGES, WILLIAM J.  
525 FENTRESS BOULEVARD  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name  
William J. Voges

Street Address (P.O. Box Number is Not Acceptable)  
275 Clyde Morris Blvd.

City  
Ormond Beach FL Zip Code  
32174

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 William J. Voges, Registered Agent 1/10/2000  
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	S ROMANO, SHARON 525 FENTRESS BLVD. DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARONEY, PHILIP 525 FENTRESS BLVD. DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VOGES, WILLIAM J. 525 FENTRESS BLVD. DAYTONA BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JONES, VICKY 525 FENTRESS BLVD. DAYTONA BCH. FL 32114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JONES, VICKY 525 FENTRESS BLVD DAYTONA BEACH FL 32114 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DITTBENNER, EILEEN M. 525 FENTRESS BLVD DAYTONA BCH FL <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ron Nowvskie 275 Clyde Morris Blvd. Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED SHEET FOR EXPLANATION. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003158333-6 -03/06/00--01099-006 ***150.00 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SP

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: Philip Maroney, Vice President 2/2/2000 (904)671-4888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

S60437

**THE ADDRESS FOR ALL OF THE LISTED OFFICERS AND DIRECTORS  
OF THIS ENTITY HAS CHANGED!**

**THE NEW ADDRESS IS:**

*275 Clyde Morris Blvd.  
Ormond Beach, FL 32174*

**PLEASE CHANGE YOUR RECORDS ACCORDINGLY.**

If you have any questions concerning the aforementioned change, please feel free to contact Kira H. Soto at (904) 671-4908.

Thank you!