

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V36682

1. Entity Name

WEST COAST FINANCIAL OF SARASOTA, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90117 009 ***150.00

Principal Place of Business
 240 SO. PINEAPPLE AVENUE
 TENTH FLOOR
 SARASOTA FL 34236

Mailing Address
 240 SO. PINEAPPLE AVENUE
 TENTH FLOOR
 SARASOTA FL 34236-6717

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 49948
 Suite, Apt. #, etc.

City & State
 Sarasota, Florida

4. FEI Number **65-0335696**
 Applied For
 Not Applicable

Zip Country
 34230-6948 USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 BAND, DAVID S.
 240 SO. PINEAPPLE AVE
 TENTH FLOOR
 SARASOTA FL 34236

7. Name and Address of New Registered Agent
 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 _____ (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	D	<input type="checkbox"/> Delete
NAME	BAND, DAVID S.	
STREET ADDRESS	240 S PINEAPPLE AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABEL, HARVEY J.	
STREET ADDRESS	222 BEACH ROAD, #2	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

David S. Band
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Band
 Director

4/19/00 (941) 366-6660

Date Daytime Phone #

CR2E034 (9/99)