

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90049 040 \*\*\*\*61.25

**DOCUMENT # 721669**

1. Entity Name

**T. C. MANAGEMENT - THE COQUINA, INC.**

Principal Place of Business

7900 A1A SOUTH. UNIT A-101  
 ST. AUGUSTINE FL 32086-8351

Mailing Address

7900 A1A SOUTH. UNIT A-101  
 ST. AUGUSTINE FL 32086-8353

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1425179**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARPENTER, RONALD A**  
**5608 NW 43RD STREET**  
**GAINESVILLE FL 32606**

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

*Ronald A. Carpenter*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/15/00*

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD**  
**CARLSON, SYLVIA**  
 STREET ADDRESS **38 TURKEY CREEK**  
 CITY-ST-ZIP **ALACHUA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD**  
**MCGRATH, MILTON**  
 STREET ADDRESS **451 NW 58TH ST**  
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DT**  
**FRITTS, MILLIE**  
 STREET ADDRESS **1282 REDBUD LN**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD**  
**KILLIAN, CAROL ANN**  
 STREET ADDRESS **7242 TRAILS END**  
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**GOFORTH, ALAN**  
 STREET ADDRESS **3100 SW 2ND CT**  
 CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sylvia Carlson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SYLVIA CARLSON**

Date

Daytime Phone #

*Pres. 4/15/00*

*904-462-931*

CR2E037 (9/99)