2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
05-20-2002 90013 004 ****70.00

DOCUMENT # 732400

1. Entity Name

FLORIDA COASTAL SCHOOL OF LAW FOUNDATION, INC.

Principal Place of Business	Mailing Address
7555 BEACH BLVD JACKSONVILLE FL 32216 US	FINANCE OFFICER 7555 BEACH BLVD JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2331156 ☐ Applied For ☐ Not Applicable

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
LIVELY, DONALD 7555 BEACH BLVD JACKSONVILLE FL 32216	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIVELY, DONALD 1815 KINGS COURT JACKSONVILLE BEACH FL 32250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Hurt, J. Richard 10985 Hickory Trace Lane Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COKER, HOWARD 136 EAST BAY STREET JACKSONVILLE FL 32202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Benge, Darrell D. 1331 Gately Court Jacksonville, FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANFORD, RICHARD DR. 223 W. DUVAL ST., 14TH FLOOR JACKSONVILLE FL 32202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Stahnke, Ronald 1044 Castello Drive Naples, FL 33940	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHINOY, KATHY 1407 PONTE VEDRA BLVD PONTE VEDRA BEACH FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRASHUER, LOUIS A 2205 HOLLY OAKS RIVER DRIVE JACKSONVILLE FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEMLEY, CHARLES ONE ALLTEL STADIUM JACKSONVILLE FL 32202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: J. Richard Hurt, Director SIGNATURE REQUIRED 4-26-02 904-680-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #