

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90181 026 \*\*\*150.00

**DOCUMENT # G73095**

1. Entity Name  
**FLORIDA EAST COAST INDUSTRIES, INC.**

Principal Place of Business P.O. BOX 1048 ST. AUGUSTINE FL 32085-1048	Mailing Address P.O. BOX 1048 ST. AUGUSTINE FL 32085-1048
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**One Malaga Street**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**St. Augustine, FL**

City & State

4. FEI Number **59-2349968**

Applied For  
 Not Applicable

Zip 32084	Country USA	Zip	Country
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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

**EDDINS, HEIDI J**  
**ONE MALAGA STREET**  
**ST. AUGUSTINE FL 32084**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD ANESTIS, R W ONE MALAGA STREET SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MCPHERSON, J.D. ONE MALAGA ST SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MACSWAIN, R F ONE MALAGA STREET SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT NAZARIAN, R.H. ONE MALAGA ST. SAINT AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS EDDINS, HEIDI J ONE MALAGA STREET SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC SMITH, RICHARDS G ONE MALAGA STREET SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" 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	Smith, RG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Heidi Eddins **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

904/826-2398

Date

Daytime Phone #

CR2E034 (9/01)

*Attachment*

*# R73095*

11 Officers and Directors		12 Additions/Changes to Officers and Directors in 11	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
Name		Name	Underwood, GD
Street Address		Street Address	One Malaga Street
City-St-Zip		City-St-Zip	St. Augustine, FL 32084
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
Name		Name	Strosberg, RT
Street Address		Street Address	One Malaga Street
City-St-Zip		City-St-Zip	St. Augustine, FL 32084
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
Name		Name	Leininger, MA
Street Address		Street Address	One Malaga Street
City-St-Zip		City-St-Zip	St. Augustine, FL 32084
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
Name		Name	Hammock, Marlene
Street Address		Street Address	One Malaga Street
City-St-Zip		City-St-Zip	St. Augustine, FL 32084
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
Name	D	Name	
Street Address	Eilwood, RS	Street Address	
City-St-Zip	12 Auldwood Lane	City-St-Zip	
	Rumson, NJ 07760		
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name	D	Name	
Street Address	Foster, DM	Street Address	
City-St-Zip	3432 San Jose Boulevard	City-St-Zip	
	Jacksonville, FL 32207		
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name	D	Name	
Street Address	Henriques, Adolfo	Street Address	
City-St-Zip	2800 Ponce de Leon Boulevard	City-St-Zip	
	Coral Gables, FL 33134		
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name	D	Name	
Street Address	Nemec, Joseph	Street Address	
City-St-Zip	101 Park Avenue	City-St-Zip	
	New York, NY 10178		
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name	D	Name	
Street Address	Thomton, WL	Street Address	
City-St-Zip	4600 Touchton Road East	City-St-Zip	
	Jacksonville, FL 32246		
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name	D	Name	
Street Address	Fairbanks, JN	Street Address	
City-St-Zip	210 Cypress Avenue	City-St-Zip	
	Clewiston, FL 33440		
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name	D	Name	
Street Address	Harper, AC	Street Address	
City-St-Zip	1360 South Dixie Highway	City-St-Zip	
	Miami, FL 33146		
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name	D	Name	
Street Address	Lamphere, GH	Street Address	
City-St-Zip	645 Fifth Avenue	City-St-Zip	
	New York, NY 10022		
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name	D	Name	
Street Address	Peyton, HH	Street Address	
City-St-Zip	9540 San Jose Boulevard	City-St-Zip	
	Jacksonville, FL 32257		