

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90240 036 ****61.25

DOCUMENT # N37300

1. Entity Name

FIRST COAST MANUFACTURERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7775 BAYMEADOWS WAY
 STE 106
 JACKSONVILLE FL 32256
 US

7775 BAYMEADOWS WAY
 STE 106
 JACKSONVILLE FL 32256-7538
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2922415

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DANIELS, L. A., JR.
7775 BAYMEADOWS WAY
STE 106
JACKSONVILLE FL 32256

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	D	<input type="checkbox"/> Delete
NAME	WHITE, EDWARD W JR	
STREET ADDRESS	4168 SOUTHPPOINT PKWY STE 101	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANN, TIMOTHY	
STREET ADDRESS	459 E 16TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNCAN, DOUG	
STREET ADDRESS	9469 EASTPORT RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILCHEK, JOHN	
STREET ADDRESS	111 BUSCH DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNSWORTH, JOHN	
STREET ADDRESS	825 N LANE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBBINS, GEORGE W	
STREET ADDRESS	FOOT OF WEST 61ST STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sloan, Graeme	
STREET ADDRESS	1223 Warner Road	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joba, Walter R.	
STREET ADDRESS	1035 Talleyrand Avenue	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hays, Robert	
STREET ADDRESS	700 Palmetto Road	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Daniels, Jr. President

Date

(904) 731-2280
 2/2/00

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE