

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90043 035 \*\*\*\*61.25

**DOCUMENT # N37300**

1. Entity Name  
**FIRST COAST MANUFACTURERS ASSOCIATION, INC.**

Principal Place of Business 7775 BAYMEADOWS WAY STE 106 JACKSONVILLE FL 32256 US	Mailing Address 7775 BAYMEADOWS WAY STE 106 JACKSONVILLE FL 32256 US
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**715566**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4215 SOUTHPOINT BLVD</b>	3. Mailing Address <b>4215 SOUTHPOINT BLVD</b>
Suite, Apt. #, etc. <b>Suite 140</b>	Suite, Apt. #, etc. <b>Suite 140</b>
City & State <b>JACKSONVILLE, FL</b>	City & State <b>JACKSONVILLE, FL</b>
Zip <b>32216</b>	Country <b>USA</b>
Zip <b>32216</b>	Country <b>USA</b>

4. FEI Number <b>59-2922415</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**DANIELS, L. A., JR.**  
**7775 BAYMEADOWS WAY**  
**STE 106**  
**JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**4215 SOUTHPOINT BLVD**  
**Suite 140**  
 City  
**JACKSONVILLE** **FL** Zip Code  
**32216**

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 **1/15/01**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITE, EDWARD W JR</b> <b>4168 SOUTHPOINT PKWY STE 101</b> <b>JACKSONVILLE FL 32216</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANN, TIMOTHY</b> <b>459 E 16TH ST.</b> <b>JACKSONVILLE FL 32206</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SLOAN, GRAEME</b> <b>1223 WARNER ROAD</b> <b>GREEN COVE SPRINGS FL 32043</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOBA, WALTER R</b> <b>1035 TALLEYRAND AVE</b> <b>JACKSONVILLE FL 32206</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAYS, ROBERT</b> <b>700 PALMETTO ROAD</b> <b>JACKSONVILLE FL 32206</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBBINS, GEORGE W</b> <b>FOOT OF WEST 61ST STREET</b> <b>JACKSONVILLE FL 32208</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

DATE **1/15/01** Daytime Phone # **904-296-9664**

CR2E037 (10/00)