

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N37300

FILED  
Aug 22, 2003  
Secretary of State

Entity Name: FIRST COAST MANUFACTURERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4215 SOUTHPOINT BLVD.  
SUITE 140  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

4215 SOUTHPOINT BLVD.  
SUITE 140  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

FEI Number: 59-2922415      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DANIELS, L A JR  
4215 SOUTHPOINT BLVD  
SUITE 140  
JACKSONVILLE, FL 32216? US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WHITE, EDWARD W JR  
Address: 4168 SOUTHPOINT PKWY STE 101  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: MANN, TIMOTHY  
Address: 459 E 16TH ST.  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete  
Name: BUSSELL, JERRY  
Address: 6743 SOUTHPOINT DRIVE N  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: JENKINS, STEVEN  
Address: 241 LEVY ROAD  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete  
Name: HAYS, ROBERT  
Address: 700 PALMETTO ROAD  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete  
Name: KAMKE, PAUL  
Address: 4235 ST AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: VINYARD, HERSCHEL  
Address: 8500 HECKSCHER DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

Title: D (X) Change ( ) Addition  
Name: HILDEBRAND, CINDY  
Address: 520 CYNTHIA STREET  
City-St-Zip: JACKSONVILLE, FL 32254

Title: D (X) Change ( ) Addition  
Name: BUSSELL, JERRY  
Address: 6743 SOUTHPOINT DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MCVETY, JONATHAN  
Address: 1401 WHEELS ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change ( ) Addition  
Name: BROOKS, DEL  
Address: 9469 EASTPORT ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINYARD HERSCHEL

D

08/22/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date