2000 UNIFUKM BUSI	NESS KEPUI	KI (UBP	2				
DOCUMENT # N51177 1. Entity Name				FILED			
FLORIDA'S FIRST COAST OF GOLF, I	NC.			Apr 25, 2 Secretar	y of St	ate	
Principal Place of Business Mailing Address				02-02-2000 90			
300 N. SECOND ST. SUITE 10 JACKSONVILLE FL 32250 US	SUITE 10			1550 SSI AISTA ISTAG HAUS 18021 18031 1803	on ded o de)	
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc. ! Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State City & State			4. FEI Number Applied For Not Applied For Not Applied For				
ZipCountry	Zip_g	Country	-5. Certific	cate of Status Desired	\$8.75 Add	t Applicable itional	
6. Name and Address of Current I	legistered Agent			and Address of New Registe	100 Hedaned		
		Name	9				
REESE, DAVID W 300 N. SECOND ST.	Street A	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 10 JACKSONVILLE FL 32250		City			FL Zip Code	-	
8. The above named entity submits this statement for	the purpose of changing its r	egistered office or	registered agent, o	r both, in the state of Florida.	<u> </u>		
No.				. 15	.1.		
SIGNATURE Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signal	we required when reinstating	1/7	DATE]	
FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees		eck Payable to ment of State		
10. OFFICERS AND DIF	RECTORS	11,	ADDITIONS	/CHANGES TO OFFICERS A	ND DIRECTORS IN	10	
TITLE VPD	☐ Defete	TITLE			☐ Change	Addition 8	
NAME MONAHAN, STEVE 2932 RAVINES RD		NAME STREET ADDRESS			<u></u>	037	
CITY-ST-ZIP MIDDLEBURG FL 32068	Marin	CITY-ST-ZIP	}		☐ Change	☐ Addition	
NAME HALLORAN, JACK	. Delete	TIFLE NAME			C. Change	Addition C	
CITY-ST-ZIP JACKSONVILLE FL 32229		₹#STREET ADDRESS* City-St-Zip				a	
TITLE PD	⊠ Oelete	TITLE	PRESIDEN	TD	Change	Addition	
NAME NORMAN, DAVID		NAME CARSES ADDRESS	DAVID PO	mensous Rom		}	
STREET ADDRESS 9300 BAYMEADOWS ROAD CITY-ST-ZIP JACKSONVILLE FL 32256		STREET ADORESS CITY-ST-ZIP	Tacken	ville, FL 32	256		
TITLE TO	☐ Delate	TITLE	V., U., SUNO		☐ Change	Addition	
NAME WILSON, JACQUELIN	>	NAME				ļ	
STREET ADDRESS 4747 HODGES BLVD CITY-ST-ZIP JACKSONVILLE FL 32224	•	STREET ADDRESS CITY-ST-ZIP	1			1	
TITLE V	☐ Delete	TITLE			Change	Addition	
NAME VICKERS, JOHN		NAME	1		*	}	
STREET ADDRESS 2800 BILL MELTON ROAD CITY-ST-ZIP FERNANDINA REACH EL 32034		STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 epipowered 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

S

STAPLES, ROSCOE

7816 MCLAURIN RD N

JACKSONVILLE FL 32256

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP-

vae vecci SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

Addition

Daytime Phone #