

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90021 021 ****61.25

DOCUMENT # N51177

1. Entity Name

FLORIDA'S FIRST COAST OF GOLF, INC.

Principal Place of Business

Mailing Address

**300 N. SECOND ST.
 SUITE 10
 JACKSONVILLE FL 32250
 US**

**300 N. SECOND ST.
 SUITE 10
 JACKSONVILLE FL 32250
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3134620

Applied For

Not Applicable

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

**REESE, DAVID W
 300 N. SECOND ST.
 SUITE 10
 JACKSONVILLE FL 32250**

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 Delete
 NAME **D MONAHAN, STEVE**
 STREET ADDRESS **2932 RAVINES RD**
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD POTTS, DAVID**
 STREET ADDRESS **9150 BAYMEADOWS ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WILSON, JACQUELIN**
 STREET ADDRESS **4747 HODGES BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D VICKERS, JOHN**
 STREET ADDRESS **2800 BILL MELTON ROAD**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D STAPLES, ROSCOE**
 STREET ADDRESS **7816 MCLAURIN RD N**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 reports 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 officers empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02 904-249-9683

CR2E037 (9/01)