

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90044 007 \*\*\*\*61.25

**DOCUMENT # N51177**

1. Entity Name

**FLORIDA'S FIRST COAST OF GOLF, INC.**



Principal Place of Business

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

Mailing Address

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

60010795



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

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MONAHAN, STEVE</b>	
STREET ADDRESS	<b>2932 RAVINES RD</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL 32068</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>POTTS, DAVID</b>	
STREET ADDRESS	<b>9150 BAYMEADOWS ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, JACQUELIN</b>	
STREET ADDRESS	<b>4747 HODGES BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VICKERS, JOHN</b>	
STREET ADDRESS	<b>2800 BILL MELTON ROAD</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STAPLES, ROSCOE</b>	
STREET ADDRESS	<b>7816 MCLAURIN RD N</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32258</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED

1/15/03 249-9683

CR2E037 (10/02)