## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

325 W ADAMS ST

JACKSONVILLE FL 32202-4352

## DOCUMENT # N93000002998

1. Entity Name

325 W ADAMS ST

JACKSONVILLE FL 32202

SIGNATURE:

305

US

Principal Place of Business

FIRST COAST FAMILY AND HOUSING FOUNDATION, INC.

2. Principal Place of Business			3. Mailing Address									
Suito Apt. # ato			Suite Ant # etc				DO NOT WRITE IN THIS SPACE					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			ļ		DONOIV	AULIE IIA ILIIO	SFACE		
City & State			City & State				4. FEI Number 59-3206820			A	pplied For	]
											ot Applicable	_
Zip Country			Zip	Country			5. Certificate of Status Desired   \$8.75 Additional Fee Required					
•	6. Name	and Address of Current Re	egistered Agent				7. Name and	Address of Ne	w Registered	Agent		]
					Name Mary-Parker Lamm							
144		<b>.</b>			Street Address (P.O. Box Number is Not Acceptable)							1
	N, BARBAR	A										_
325 W AD STE 305	MINIO OI			325 W. Ada			lams St	., Suit	e 305			
	VILLE FL 32	2202		City			<b>□</b> Zip Code					7
						sonvi		· in the state of		<u>-                                    </u>	:02	-
8. The above	named entit	y submits this statement for t	ne purpose of changing its	registere	еа опісе о	r registered	agent, or both	i, in the state of	rionua.			
	· la	1. Do. ha	In .				•		(1	11 02	`	1
SIGNATURE .			Lamm							<u> 11-00</u>	<del></del> _	
	Signature typed	or printed name of registered agent and	title if applicable. (NOT	E: Registere	d Agent signat	ture required wi	hen reinstating)		DATE			_
		, , , , , , , , , , , , , , , , , , , ,				······				_		7
		NOW:					.00 May Be Make Check Payable to Department of State			0		
	FEE IS	\$61.25	Trust Fund Contrib	utiori.		Added t	o Fees		Departmen	t of State		
10.	<del></del>	OFFICERS AND DIRE	CTORS	11.		AD	DDITIONS/CHA	NGES TO OFF	ICERS AND D	RECTORS II	V 10	1
TITLE	PD		Delete	TITLE		D		·		Change     Ch	Addition	٦á
NAME	ARNALL, J	IOSEPH	<del>_</del>	NAM	E	Arna	ll, Jos	seph				9
STREET ADDRESS		ENCY SQ. BLVD.		STRE	ET ADDRESS	_				4	18	
CITY-ST-ZIP	JACKSON'	VILLE FL 32225		CITY	- ST-ZIP	Pont	e Vedra	Beach	FI.	32082		72
TITLE	D		☐ Delete	TITLE		טָן				Change	X Addition	2
NAME		, JAMES V		NAM		Davis, Deolin			1	3 <i>2</i> .L	200	
STREET ADDRESS CITY-ST-ZIP		ERSITY BLVD, STE 230	نسبين جانيد السياسب		ET ADDRESS - ST- ZIP				200	j		
<del></del> _		VILLE FL 32216	NOT	<del> </del>		<del> </del>	SOUVIII	.е, гь	32201	☐ Change	Addition	-
TITLE NAME	VPST   Moore, T	TDDV A	🛛 Delete	TITLE		VP Dode	on Dat	ricia		Change	X Addition	
STREET ADDRESS		RA STREET, STE. 3100			ET ADDRESS	Dodson, Patricia 223 E. Bay St., Suite 800						
CITY-ST-ZIP		VILLE FL 32202		CITY	-ST-ZIP			le, FL		, 0		
TITLE	D	7,122 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	□ <b>X</b> Delete	TITLE		(D)	•	•		Change	Addition	7
NAME	CLEVELAN	ID, HOLLY K		NAM			, Micha					
STREET ADDRESS	225 WATE	R STREET, 2ND FL				1	_	oint D	•		<b>\</b>	
CITY-ST-ZIP	JACKSON	VILLE FL 32202	_ <del>_</del>	CITY	-ST-ZIP	Jack	sonvill	e, FL	<u> 32216</u>		<u> </u>	4
TITLE	D	_	Delete	TITLE		S				🔀 Change	☐ `Addition	
NAME		MICHAEL L		NAM		Brya:	nt. Mic	chael			· ·	
STREET ADDRESS		TH LAURA STREET			ET ADDRESS - ST-ZIP			Laura				
CITY-ST-ZIP	JACKSON	VILLE FL 32202	<u> </u>	_			sonvill	e, FL	_32202	[7] Observe	TO Addition	۱,
TITLE			☐ Delete	TITLE		P	m	- 1 -		☐ Change	X Addition	
NAME STREET ADDRESS	}			NAM STRE	ET ADDRESS		aum, Ge					
CITY-ST-ZIP	[				-ST-ZIP		SeaIsla	nd Dr. Beach	TOT 1	2002		
	i					LE VII L	e veulo	neach	`			

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.

FILED Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90092 039 \*\*\*\*61.25

E CROCCETO DE O LICIO DELLE COLLE COLL

2000	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT	(UBR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N9300002998 1. Entity Name										
FIRST COAST FAMILY AND HOUSING FOUNDATION, INC.							<del> </del>			
Principal Place of Business Mailing Address						AHAC	hmeni			
325 W ADAMS ST 325 W ADAMS ST						Muse	11/10	195		
305 JACKSONVILLE	FL 32202	305 Jacksonville FL 32202-4352			AHachment BOUG5195					
US 2. Principal Pl	ace of Business	US 3. Mailing Address								
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	е	City & State			4. FEI Numbe	59-3206820		Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current F	Registered Agent		L	7. Name and	Address of New	Registered Agent			
			Name							
MATTESON, BARBARA 325 W ADAMS ST				Street Address (P.O. Box Number is Not Acceptable)						
STE 305 JACKSON\	/ILLE FL 32202		City	Sity FL Zip Code				ode		
	named entity submits this statement for	the purpose of changing its re	<u>!</u> gistered office o	r registere	d agent, or bot	h, in the state of F				
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTÉ: F	legistered Agent signal	ture required w	rhen reinstaling)	14.12 (14.12) (14.12) (14.12) (14.12)	DATE	BUILDING SETTING		
	FILE NOW: FEE IS \$61.25	9. Election Campaign F     Trust Fund Contributi		Added		D	ke Check Payable epartment of Sta	le		
10.	OFFICERS AND DIR		11.	AI	ODITIONS/CH/	ANGES TO OFFIC	ERS AND DIRECTOR			
TITLE NAME	PD  ARNALL, JOSEPH	. Delete	TITLE NAME	-	kson, D	arryl	☐ Chan	ge 🔀 Addition		
STREET ADDRESS CITY-ST-ZIP	9570 REGENCY SQ. BLVD. JACKSONVILLE FL 32225		STREET ADDRESS 10		01 E. Union St. acksonville, FL 32202					
TITLE	D	☐ Delete	TITLE	D		,	Char	ige 🔀 Addition		
NAME STREET ADDRESS	KNUTZEN, JAMES V 3100 UNIVERSITY BLVD, STE 230	<u> </u>	NAME STREET ADDRESS	Kloe	eppel. A1A No	Debra rth .				
CITY-ST-ZIP	JACKSONVILLE FL 32216	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP			a Beach	FL 3208	2		
TITLE	VPST	☐ Delete	TITLE NAME				☐ Char	nge 🗌 Addition (		
NAME STREET ADDRESS	MOORE, TERRY A 50 N. LAURA STREET, STE. 3100	1	STREET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL 32202		CITY-ST-ZIP							
TITLE	D	☐ Delete	TITLE	İ			Char	nge 🗌 Addition		
NAME STREET ADDRESS	CLEVELAND, HOLLY K 225 WATER STREET, 2ND FL		NAME STREET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL 32202		CITY-ST-ZIP							
TITLE	D	☐ Delete	TITLE				☐ Chai	nge 🔲 Addition		
NAME STREET ADDRESS	BRYANT, MICHAEL L		NAME STREET ADDRESS							
CITY-ST-ZIP	1131 NORTH LAURA STREET JACKSONVILLE FL 32202		CITY-ST-ZIP	<u> </u>						
TITLE		☐ Delete	TITLE		·		☐ Chal	nge Addition		
NAME			NAME STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP							
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Date

Daylime Phone #