2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90092 039 ****61.25

DOCUMENT # N93000002998

1. Entity Name

FIRST COAST FAMILY AND HOUSING FOUNDATION, INC.

Principal Place of Business	Mailing Address
325 W ADAMS ST 305 JACKSONVILLE FL 32202 US	325 W ADAMS ST 305 JACKSONVILLE FL 32202-4352 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3206820 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MATTESON, BARBARA
325 W ADAMS ST
STE 305
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name: Mary-Parker Lamm
Street Address (P.O. Box Number is Not Acceptable): 325 W. Adams St., Suite 305
City: Jacksonville **FL** Zip Code: 32202

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: Mary-Parker Lamm 4-11-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARNALL, JOSEPH 9570 REGENCY SQ. BLVD. JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Arnall, Joseph 814 Highway A1A, N., Suite 204 Ponte Vedra Beach, FL 32082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNUTZEN, JAMES V 3100 UNIVERSITY BLVD, STE 230 JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Davis, Colin 1301 Riverplace Blvd., Suite 200 Jacksonville, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPST MOORE, TERRY A 50 N. LAURA STREET, STE. 3100 JACKSONVILLE FL 32202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Dodson, Patricia 223 E. Bay St., Suite 800 Jacksonville, FL 32202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEVELAND, HOLLY K 225 WATER STREET, 2ND FL JACKSONVILLE FL 32202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Korn, Michael 6620 Southpoint Dr., S. Jacksonville, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYANT, MICHAEL L 1131 NORTH LAURA STREET JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Bryant. Michael 1131 North Laura St. Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Buxbaum, Gerald 216 SeaIsland Dr. Ponte Vedra Beach, FL 32082	☐ Change ☒ Addition

CR2E037 (9/99)

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: Mary-Parker Lamm REQUIRED 4/11/00 904-798-6459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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100042 2

DOCUMENT # N93000002998

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FIRST COAST FAMILY AND HOUSING FOUNDATION, INC.

Attachment B00065195

[redacted]

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City & State		City & State	
Zip	Country	Zip	Country

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MATTESON, BARBARA 325 W ADAMS ST STE 305 JACKSONVILLE FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNUTZEN, JAMES V 3100 UNIVERSITY BLVD, STE 230 JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kloeppel, Debra 166 A1A North Ponte Vedra Beach, FL 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPST MOORE, TERRY A 50 N. LAURA STREET, STE. 3100 JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #