

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90326 028 ****61.25

DOCUMENT # N95000005628



1. Entity Name
FIRST COAST CORVETTE ASSOCIATION, INC.

Principal Place of Business
**1925 TANGLEWOOD RD
JACKSONVILLE BEACH FL 32250**

Mailing Address
**1925 TANGLEWOOD ROAD
JACKSONVILLE BEACH FL 32250**

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 **59-3035912**

Applied For
Not Applicable

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

**KANASZKA, THOMAS
1925 TANGLEWOOD RD
JACKSONVILLE BEACH 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 _____ (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 **PD** Delete
NAME **WILLIAMS, HERSCHELL**
STREET ADDRESS **3747 PARK ST**
CITY-ST-ZIP **JACKSONVILLE FL 33205**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **RICHARDSON, GRANT**
STREET ADDRESS **4321 SADDLEHORN TRAIL**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **VD** Change Addition
NAME **RAY REED**
STREET ADDRESS **22 SOLANO RD**
CITY-ST-ZIP **PONTE VEDRA FL 32082**

TITLE **TD** Delete
NAME **KANASZKA, THOMAS**
STREET ADDRESS **1925 TANGLEWOOD RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **MADDOX, LINDA**
STREET ADDRESS **12819 MANDARIN RD**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **SD** Change Addition
NAME **ROBERT BEARD**
STREET ADDRESS **4194 CHOKEBERRY RD**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *Thomas Kanaszka* SIGNATURE REQUIRED **KANASZKA**

1/22/03 904-249-8405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)