

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G73095

1. Entity Name

FLORIDA EAST COAST INDUSTRIES, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90078 036 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 1048
ST. AUGUSTINE FL 32085-1048

P.O. BOX 1048
ST. AUGUSTINE FL 32085-1048

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 59-2349968

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDDINS, HEIDI J
ONE MALAGA STREET
ST. AUGUSTINE FL 32084

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ANESTIS, R W
STREET ADDRESS ONE MALAGA ST
CITY-ST-ZIP ST AUGUSTINE FL 32084 ☐ Delete

TITLE
NAME Exec. VP
STREET ADDRESS McPherson, J. D.
CITY-ST-ZIP One Malaga St.
St. Augustine, FL 32084 ☐ Change ☒ Addition

TITLE VP
NAME LYNCH, C R
STREET ADDRESS ONE MALAGA ST
CITY-ST-ZIP ST AUGUSTINE FL 32084 ☒ Delete

TITLE
NAME Exec. VP
STREET ADDRESS MacSwain, R. F.
CITY-ST-ZIP One Malaga St.
St. Augustine, FL 32084 ☐ Change ☒ Addition

TITLE VPS
NAME SMITH, T N
STREET ADDRESS ONE MALAGA STREET
CITY-ST-ZIP ST. AUGUSTINE FL ☒ Delete

TITLE
NAME Executive VP, Treasurer
STREET ADDRESS Nazarian, R. H.
CITY-ST-ZIP One Malaga St.
St. Augustine, FL 32084 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME Secretary & Sr. VP
STREET ADDRESS Eddins, Heidi J.
CITY-ST-ZIP One Malaga St.
St. Augustine, FL 32084 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Heidi J. Eddins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #