

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90065 029 \*\*\*\*70.00

**DOCUMENT # N93000002562**

1. Entity Name

**FIRST COAST WOMEN'S SERVICES, INC.**

Principal Place of Business

11215 SAN JOSE BLVD  
 JACKSONVILLE FL 32223  
 US

Mailing Address

11215 SAN JOSE BLVD  
 JACKSONVILLE FL 32223  
 US

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

**59-3200240**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**WILLIAMS, D. GARY**  
 11215 SAN JOSE BLVD  
 JACKSONVILLE FL 32223

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

**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

TITLE **RSD** ☐ Delete  
 NAME **DIEHM, MELANIE**  
 STREET ADDRESS **1046 LARKSPUR LANE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **VCD** ☐ Delete  
 NAME **DAVIS, JUDY**  
 STREET ADDRESS **8210 BAHIA BLANCA CT**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **ED** ☐ Delete  
 NAME **BUSH, TERRY**  
 STREET ADDRESS **129 N. SAN PABLO RD.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **CSD** ☐ Delete  
 NAME **GRIFFITH, KERI**  
 STREET ADDRESS **7840 RITTENHOUSE LANE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **CD** ☒ Delete  
 NAME **STAKE, KANDI**  
 STREET ADDRESS **10240 SCOTT MILL ROAD**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **TD** ☐ Delete  
 NAME **BUNNELL, JEFF**  
 STREET ADDRESS **1209 HAMMOCK OAKS DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **C** ☒ Change ☐ Addition  
 NAME **Chairman, Board of Direct.**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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:

**KERI J. GRIFFITH** **3/10/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)