

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90181 026 ***150.00

DOCUMENT # G73095

1. Entity Name
FLORIDA EAST COAST INDUSTRIES, INC.

Principal Place of Business **Mailing Address**
P.O. BOX 1048 **P.O. BOX 1048**
ST. AUGUSTINE FL 32085-1048 **ST. AUGUSTINE FL 32085-1048**

2. Principal Place of Business **3. Mailing Address**
One Malaga Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
St. Augustine, FL

Zip **Country** **Zip** **Country**
32084 **USA**

4. FEI Number **59-2349968** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
EDDINS, HEIDI J
ONE MALAGA STREET
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
CPD	ANESTIS, R W	
ONE MALAGA STREET	SAINT AUGUSTINE FL 32084	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
EVP	MCPHERSON, J.D.	
ONE MALAGA ST	SAINT AUGUSTINE FL 32084	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
VC	MACSWAIN, R F	
ONE MALAGA STREET	SAINT AUGUSTINE FL 32084	
TITLE	NAME	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
EVPT	NAZARIAN, R.H.	
ONE MALAGA ST.	SAINT AUGUSTINE FL 32084	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
EVPS	EDDINS, HEIDI J	
ONE MALAGA STREET	SAINT AUGUSTINE FL 32084	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
EVPC	SMITH, RICHARDS G	
ONE MALAGA STREET	SAINT AUGUSTINE FL 32084	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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 Eddins* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 **904/826-2398**
 Date Daytime Phone #

CR2E034 (9/01)

Attachment

673095

11 Officers and Directors		12 Additions/Changes to Officers and Directors in 11	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
Name		Name	Underwood, GD
Street Address		Street Address	One Malaga Street
City-St-Zip		City-St-Zip	St. Augustine, FL 32084
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
Name		Name	Strosberg, RT
Street Address		Street Address	One Malaga Street
City-St-Zip		City-St-Zip	St. Augustine, FL 32084
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
Name		Name	Leininger, MA
Street Address		Street Address	One Malaga Street
City-St-Zip		City-St-Zip	St. Augustine, FL 32084
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
Name		Name	Hammock, Marlene
Street Address		Street Address	One Malaga Street
City-St-Zip		City-St-Zip	St. Augustine, FL 32084
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
Name	D	Name	
Street Address	Eilwood, RS	Street Address	
City-St-Zip	12 Auldwood Lane	City-St-Zip	
	Rumson, NJ 07760		
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name	D	Name	
Street Address	Foster, DM	Street Address	
City-St-Zip	3432 San Jose Boulevard	City-St-Zip	
	Jacksonville, FL 32207		
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name	D	Name	
Street Address	Henriques, Adolfo	Street Address	
City-St-Zip	2800 Ponce de Leon Boulevard	City-St-Zip	
	Coral Gables, FL 33134		
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name	D	Name	
Street Address	Nemec, Joseph	Street Address	
City-St-Zip	101 Park Avenue	City-St-Zip	
	New York, NY 10178		
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name	D	Name	
Street Address	Thornton, WL	Street Address	
City-St-Zip	4600 Touchton Road East	City-St-Zip	
	Jacksonville, FL 32246		
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name	D	Name	
Street Address	Fairbanks, JN	Street Address	
City-St-Zip	210 Cypress Avenue	City-St-Zip	
	Clewiston, FL 33440		
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name	D	Name	
Street Address	Harper, AC	Street Address	
City-St-Zip	1360 South Dixie Highway	City-St-Zip	
	Miami, FL 33146		
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name	D	Name	
Street Address	Lamphere, GH	Street Address	
City-St-Zip	645 Fifth Avenue	City-St-Zip	
	New York, NY 10022		
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name	D	Name	
Street Address	Peyton, HH	Street Address	
City-St-Zip	9540 San Jose Boulevard	City-St-Zip	
	Jacksonville, FL 32257		