## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # 186057** 1. Entity Name EAST COAST DISTRIBUTORS, INC. 03-20-2000 90127 016 \*\*\*150.00 Mailing Address Principal Place of Business 4215 SOUTHPINT BLVD. SUITE 100 3335 N EDGEWOOD AVE JACKSONVILLE FLA 32216 JACKSONVILLE FL 32254 មាបប្រជាជ្ញា ម 2. Principal Place of Business 3. Mailing Madress ·U DOX 551260 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Ne State Sonville Applied For 4. FEI Number City & State 59-0747952 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHNEIDER, MICHAEL N. 4215 SOUTHPOINT BLVD., STE. 100 JACKSONVILLE FL 32216 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 d name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Addition De ete TITLE PORTNOY GOLDIE NAME NAME STREET ADDRESS STREET ADDRESS 2823 EVERCHARM PLACE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ₹**Í** Change Addition Miss idon! ☐ Delete TITLE TITLE Portney, Erry PORTNOY, JERRY NAME NAME 9550 Kuhn Road STREET ADDRESS STREET ADDRESS 9550 KUHN ROAD Jacksonville, R CITY-ST-7IP CITY-ST-ZIP Jacksonville fl Change ☐ Addition Vrollwidon ☐ Delete TITLE TITLE Passink, Richard NAME PASSINK, RICHARD S NAME 2817 Forest Mill STREET ADDRESS STREET ADDRESS 2817 FOREST MILL LN Jackson uille CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Addition TITLE TITLE SD ☐ Delete Ansbacher, Lewis MAME NAME ANSBACHER, LEWIS 5150 Belfort Road STREET ADDRESS STREET ADDRESS 4215 SOUTH POINT BLVD. <u>lacksonuille</u> CITY-ST-ZIP CITY-ST-ZIP <u>Jacksonville fl</u> TITLE Change Addition TITLE Deliste TSD NAME NAME ANSBACHER, LEWIS STREET ADDRESS STREET ADDRESS 4215 SOUTHPOINT BLVD, #100 CITY-ST-ZIP CITY-ST-ZIP <u>JACKSONVILLE FL 32216</u> Change Addition ☐ Delete TITLE TITLE Schneider, Michael #100 NAME SCHNEIDER, MICHAEL NAME STREET ADDRESS STREET ADDRESS 4215 SOUTHPOINT BLVD, #100 lacksonville FL CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32216 s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information urang alid-that my signature shall have the same legal effect as if made under oath; that I am an officer or director cuts this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this fill indicated on this report or supplemental report strue at of the corporation or the receiver or trustee er changed, or on an attachment with an add

Date

Daytime Phone #

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99