

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 382089

1. Entity Name

FLORIDA EAST COAST DELIVERIES, INC.

Principal Place of Business

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

Mailing Address

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 59-1360532

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ANESTIS, R W	
STREET ADDRESS	ONE MALAGA ST	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCPHERSON, J.D.	
STREET ADDRESS	ONE MALAGA ST	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	S	<input type="checkbox"/> Delete
NAME	EDDINA, H.J.	
STREET ADDRESS	ONE MALAGA ST	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anestis, Robert W.	
STREET ADDRESS	One Malaga Street	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McPherson, J. D.	
STREET ADDRESS	One Malaga Street	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eddins, H. J.	
STREET ADDRESS	One Malaga Street	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MacSwain, R. F.	
STREET ADDRESS	One Malaga Street	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 J Eddins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

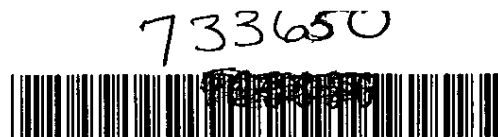
Date

904/826-2398

Daytime Phone #

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90036 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)