

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 416603

1. Entity Name

PALM COAST CONSTRUCTION COMPANY

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90452 001 \*\*\*150.00

Principal Place of Business  
EXECUTIVE OFFICE  
1 CORPORATE DRIVE  
PALM COAST FL 32151

Mailing Address  
EXECUTIVE OFFICE  
1 CORPORATE DRIVE  
PALM COAST FL 32137-4716



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-2809339**  
Applied For  
Not Applicable

Zip Country Zip Country

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 ☐ Delete  
NAME **VD**  
STREET ADDRESS **CALLEA, CHARLES J**  
CITY-ST-ZIP **1 CORPORATE DR. PALM COAST FL 32151**

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

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **GARDNER, JAMES**  
CITY-ST-ZIP **EXECUTIVE OFFICE, 1 CORPORATE DRIVE PALM COAST FL**

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

TITLE ☐ Delete  
NAME **ST**  
STREET ADDRESS **CUFF, ROBERT G JR**  
CITY-ST-ZIP **EXECUTIVE OFFICE PALM COAST FL**

TITLE ☒ Change ☐ Addition  
NAME **VST**  
STREET ADDRESS **CUFF, ROBERT G.**  
CITY-ST-ZIP **1 CORPORATE DR. PALM COAST, FL 32137**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **V**  
STREET ADDRESS **KELLY, JOHN V.**  
CITY-ST-ZIP **1 CORPORATE DR. PALM COAST, FL 32137**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **AS**  
STREET ADDRESS **GARD, VICTORIA P.**  
CITY-ST-ZIP **1 CORPORATE DR. PALM COAST, FL 32137**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **AS**  
STREET ADDRESS **WILSON, ARLENE**  
CITY-ST-ZIP **1 CORPORATE DR. PALM COAST, FL 32137**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JAMES E. GARDNER**

Date

Daytime Phone #

**4/27/00**

**904 445 2642**

CR2E034 (9/99)