

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729652

1. Entity Name

EAST COAST COLLEGE

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90076 041 \*\*\*\*61.25

Principal Place of Business

5353 ARLINGTON EXPRESSWAY  
SUITE 410  
JACKSONVILLE FL 32211

Mailing Address

5353 ARLINGTON EXPRESSWAY  
SUITE 410  
JACKSONVILLE FL 32211

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

59-0796889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JONES, DOROTHY D.  
5353 ARLINGTON EXPRSWY STE 410  
JACKSONVILLE FL 32211

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

**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 PD  
NAME JONES, DOROTHY  
STREET ADDRESS 5353 ARLINGTON EXPRESSWAY #11-E  
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ Delete

TITLE TD  
NAME JONES, JACK H  
STREET ADDRESS 5353 ARLINGTON EXPRESSWAY #11-E  
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ Delete

TITLE VPSD  
NAME BREWE, JOYCE  
STREET ADDRESS 766 CAJEPUT CIR/ P O BOX 1063  
CITY-ST-ZIP MELBOURNE FL 32902 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

*Stacy A. Reese*  
Stacy A. Reese Corporate President

1/30/01

1-904-743-1122 ext 121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)