

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0011496

DOCUMENT # 734872

1. Entity Name

FIRST COAST DEVELOPMENTAL ACADEMY, INC.

05-17-2001 91008 001 *****8.75
 05-17-2001 91008 002 *****61.25

Principal Place of Business

**1078 W 18TH ST
 JACKSONVILLE FL 32209
 US**

Mailing Address

**1078 W. 18TH STREET
 JACKSONVILLE FL 32209**

11199

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1696355

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

~~MITCHELL, DR. ROBERT
 1659 PALMDALE ST
 JACKSONVILLE FL 32208~~

Name **WALTER R. BARNES III**
 Street Address (P.O. Box Number is Not Acceptable)
12914 BEAUTYBERRY CIR S
 City **JACKSONVILLE** FL Zip Code **32246**

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 Walter R Barnes III

4/25/2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CUMMINGS, ANNICE	
STREET ADDRESS	3250 HICKORYNUT STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	BUCK, ROLAND	
STREET ADDRESS	10948 ASHBOURNE TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, DR. ROBERT	
STREET ADDRESS	1659 PALMDALE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNGBLOOD, JUDITH	
STREET ADDRESS	1078 W 18TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Queen "Vickie" Seymour	
STREET ADDRESS	P.O. Box 26738	
CITY-ST-ZIP	JACKSONVILLE, FLA 32226	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lenox Godfrey	
STREET ADDRESS	900 Broward Rd, Apt. #21	
CITY-ST-ZIP	JAX FLA 32218	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Swain	
STREET ADDRESS	1928 Burgess Hill Circle W	
CITY-ST-ZIP	JAX, FLA 32246	
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		

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: Walter R Barnes III

4/25/2001

(904) 313-7428

CR2E037 (10/00)