

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734872

1. Entity Name

FIRST COAST DEVELOPMENTAL ACADEMY, INC.

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90061 024 \*\*\*\*70.00

Principal Place of Business

1078 W 18TH ST  
JACKSONVILLE FL 32209  
US

Mailing Address

1078 W. 18TH STREET  
JACKSONVILLE FL 32209

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 59-1696355

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNES, III, WALTER R  
12914 BEAUTYBERRY CIR S  
JACKSONVILLE FL 32246

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 VD  
NAME SEYMORE, QUEEN "VICKIE"  
STREET ADDRESS P.O. BOX 26738  
CITY-ST-ZIP JACKSONVILLE FL 32226 ☐ Delete

TITLE TD  
NAME GODFREY, LENOX  
STREET ADDRESS 900 BROWARD RD, APT 21  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE SD  
NAME SWAIN, KAREN  
STREET ADDRESS 1928 BURGESS HILL CIRCLE W  
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Delete

TITLE D  
NAME YOUNGBLOOD, JUDITH  
STREET ADDRESS 1078 W 18TH ST  
CITY-ST-ZIP JACKSONVILLE FL 32209 ☒ 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

TITLE Director  
NAME Grey, Maude L.  
STREET ADDRESS Jacksonville, FL 32209 ☒ Change ☐ Addition

TITLE  
NAME  
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: *Maude Grey* **Executive Director** 3/1/02 (904)356-4227

CR2E037 (9/01)