

2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90111 032 ***150.00

DOCUMENT # G73095

1. Entity Name

FLORIDA EAST COAST INDUSTRIES, INC.



Principal Place of Business

ONE MALAGA STREET
SAINT AUGUSTINE FL 32084

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

59-2349968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDDINS, HEIDI J
ONE MALAGA STREET
ST. AUGUSTINE FL 32084

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD ANESTIS, R W ONE MALAGA STREET SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MCPHERSON, J.D. ONE MALAGA ST SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MACSWAIN, R F ONE MALAGA STREET SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS EDDINS, HEIDI J ONE MALAGA STREET SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC SMITH, RICHARDS G ONE MALAGA STREET SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC Smith, Richard G One Malaga Street St. Augustine, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:

Heidi J. Eddins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03

(904) 826-2399

Date

Daytime Phone #

CR2E034 (10/02)

90056119
G73095

11 Officers and Directors				12 Additions/Changes to Officers and Directions in 11			
Title		<input type="checkbox"/>	Delete	Title	V	<input type="checkbox"/>	Change <input type="checkbox"/> x <input type="checkbox"/> Additions
Name				Name	Underwood, Gerald D.		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	V	<input type="checkbox"/>	Change <input type="checkbox"/> x <input type="checkbox"/> Additions
Name				Name	Strosberg, Robert T.		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	V	<input type="checkbox"/>	Change <input type="checkbox"/> x <input type="checkbox"/> Additions
Name				Name	Leininger, Mark		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	AS	<input type="checkbox"/>	Change <input type="checkbox"/> x <input type="checkbox"/> Additions
Name				Name	Hammock, Marlene		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	V/T	<input type="checkbox"/>	Change <input type="checkbox"/> x <input type="checkbox"/> Additions
Name	Ellwood, RS			Name	Lehan, Bradley D.		
Street Address	12 Auldwood Lane			Street Address	One Malaga Street		
City-St-Zip	Rumson, NJ 07760			City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	AT	<input type="checkbox"/>	Change <input type="checkbox"/> X <input type="checkbox"/> Additions
Name	Foster, DM			Name	Starling, Cheryl		
Street Address	3432 San Jose Boulevard			Street Address	One Malaga Street		
City-St-Zip	Jacksonville, FL 32207			City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title		<input type="checkbox"/>	Change <input type="checkbox"/> <input type="checkbox"/> Additions
Name	Henriques, Adolfo			Name			
Street Address	2800 Ponce de Leon Boulevard			Street Address			
City-St-Zip	Coral Gables, FL 33134			City-St-Zip			
Title		<input type="checkbox"/>	Delete	Title		<input type="checkbox"/>	Change <input type="checkbox"/> <input type="checkbox"/> Additions
Name	Nemec, Joseph			Name			
Street Address	101 Park Avenue			Street Address			
City-St-Zip	New York, NY 10178			City-St-Zip			
Title		<input type="checkbox"/>	Delete	Title		<input type="checkbox"/>	Change <input type="checkbox"/> <input type="checkbox"/> Additions
Name	Thornton, WL			Name			
Street Address	4600 Touchton Road East			Street Address			
City-St-Zip	Jacksonville, FL 32246			City-St-Zip			
Title		<input type="checkbox"/>	Delete	Title		<input type="checkbox"/>	Change <input type="checkbox"/> <input type="checkbox"/> Additions
Name	Fairbanks, JN			Name			
Street Address	210 Cypress Avenue			Street Address			
City-St-Zip	Clewiston, FL 33440			City-St-Zip			
Title		<input type="checkbox"/>	Delete	Title		<input type="checkbox"/>	Change <input type="checkbox"/> <input type="checkbox"/> Additions
Name	Harper, AC			Name			
Street Address	1360 South Dixie Highway			Street Address			
City-St-Zip	Miami, FL 33146			City-St-Zip			
Title		<input type="checkbox"/>	Delete	Title		<input type="checkbox"/>	Change <input type="checkbox"/> <input type="checkbox"/> Additions
Name	Lamphere, GH			Name			
Street Address	645 Fifth Avenue			Street Address			
City-St-Zip	New York, NY 10022			City-St-Zip			
Title		<input type="checkbox"/>	Delete	Title		<input type="checkbox"/>	Change <input type="checkbox"/> <input type="checkbox"/> Additions
Name	Peyton, HH			Name			
Street Address	9540 San Jose Boulevard			Street Address			
City-St-Zip	Jacksonville, FL 32257			City-St-Zip			