

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

H16062

1. Entity Name

First Coast Enterprises, Inc.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90122 003 ***150.00

Principal Place of Business

655 West 8th Street
Jacksonville, FL 32209

Mailing Address

655 West 8th Street
Jacksonville, FL 32209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2439517

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Smith Hulsey & Bussey
225 Water Street
Suite 1800
Jacksonville FL 32202

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 CP ☒ Delete

NAME Thomas D. Keith

STREET ADDRESS 655 West 8th Street

CITY-ST-ZIP Jacksonville FL 32209

TITLE STD ☒ Delete

NAME David Mayer

STREET ADDRESS 655 West 8th Street

CITY-ST-ZIP Jacksonville FL 32209

TITLE VCD ☒ Delete

NAME Robert C. Nuss

STREET ADDRESS 653-1 West 8th Street

CITY-ST-ZIP Jacksonville FL 32209

TITLE PD ☒ Delete

NAME Louis S. Russo

STREET ADDRESS 653-1 West 8th Street

CITY-ST-ZIP Jacksonville FL 32209

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE CPD ☐ Change ☒ Addition

NAME Robert G. Norton

STREET ADDRESS 655 West 8th Street

CITY-ST-ZIP Jacksonville FL 32209

TITLE VD ☐ Change ☒ Addition

NAME Greg Gay

STREET ADDRESS 655 West 8th Street

CITY-ST-ZIP Jacksonville FL 32209

TITLE SD ☐ Change ☒ Addition

NAME David Friedman

STREET ADDRESS 655 West 8th Street

CITY-ST-ZIP Jacksonville FL 32209

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00

CR2E034 (9/99)