09-09-2002 90020 019 ****61.25

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP 11 PM 11:01

H41684

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #**

1. Entity Name

H41684 AMENDED
FIRST COAST PARTNERS, INC.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3020 HARTLEY ROAD | 3020 HARTLEY ROAD |
| Suite, Apt. #, etc.: SUITE 300 | Suite, Apt. #, etc.: SUITE 300 |
| City & State: JACKSONVILLE, FL | City & State: JACKSONVILLE, FL |
| Zip: 32257 Country: US | Zip: 32257 Country: US |

B0137182
DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2500346 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent.

Name: FARRELL, MARK T.
Street Address (P.O. Box Number is Not Acceptable): 3020 HARTLEY ROAD, SUITE 300
City: JACKSONVILLE **FL** Zip Code: 32257

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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

| | | | |
|---|---|---|---|
| TITLE | PD | TITLE | |
| NAME | ROOD, JOHN D. | NAME | |
| STREET ADDRESS | 3020 HARTLEY ROAD, SUITE 300 | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32257 | CITY-ST-ZIP | |
| TITLE | VST | TITLE | |
| NAME | FARRELL, MARK T. | NAME | |
| STREET ADDRESS | 3020 HARTLEY ROAD, SUITE 300 | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32257 | CITY-ST-ZIP | |
| TITLE | AT | TITLE | |
| NAME | MORGAN, WILL | NAME | |
| STREET ADDRESS | 3020 HARTLEY ROAD, SUITE 300 | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32257 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** William Morgan AUGUST 28, 2002 (904) 260-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL210 - 2/26/2002 C T System Online

9/13/02