

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90010 048 ***150.00

DOCUMENT # H44604

1. Entity Name

FLORIDA FIRST COAST INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

4475 US #1. S
 STE 207
 ST. AUGUSTINE FL 32086
 US

4475 US #1. S
 STE 207
 ST. AUGUSTINE FL 32086
 US

2. Principal Place of Business

3. Mailing Address

HASTINGS FL.

508 CASTANO ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O.D. 697

HASTINGS FL.

ST. AUGUSTINE

32145 ST. JOHNS

32086 ST. JOHNS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZUCCARDY, JAMES G.
4475 US 1 SOUTH
ST. AUGUSTINE FL 32086

Name

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

508 CASTANO ST.

City

ST. AUGUSTINE

FL

Zip Code

32086

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

J. Zuccardi - Pres
JAMES G. ZUCCARDI

4/5/00

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	PD	<input type="checkbox"/> Delete
NAME	ZUCARDI, JAMES G	
STREET ADDRESS	4475 US 1 SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	508 CASTANO ST.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: James G. Zuccardi - Pres. **4/5/00** **904-7946929**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)