

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K47290

1. Entity Name

FIRST COAST BENEFITS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90056 050 \*\*\*150.00

Principal Place of Business

Mailing Address

2227 HERSCHEL ST  
JAX FL 32204  
US

C/O MICHAEL N. SCHNEIDER  
4215 SOUTHPOINT BLVD., STE. 100  
JACKSONVILLE FL 32216-6191

2. Principal Place of Business

3. Mailing Address

P.O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

32255

Country

4. FEI Number

59-2971349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N.  
100 NATIONAL FINANCIAL BLDG.  
4215 SOUTHPOINT BLVD.  
JACKSONVILLE FL 32216

Name  
Michael N. Schneider  
Street Address (P.O. Box Number is Not Acceptable)  
5150 Gelfort Road  
Building 100  
City Jacksonville FL Zip Code 32256

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

*Michael N. Schneider*

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD BLISS, THOMAS 2227 HERSCHEL ST. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLISS, THOMAS 2227 HERSCHEL ST JACKSONVILLE FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Thomas Bliss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00  
Date

384-4300  
Daytime Phone #

CR2E034 (9/99)