

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K54219**

1. Entity Name

SOUTHCOAST-TC CORPORATION**FILED**
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90139 039 ***150.00

Principal Place of Business INDEPENDENT DRIVE 1600 JACKSONVILLE FL 32202-5009 US	Mailing Address 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE FL 32202-5009 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2923831	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KREIS, ROBERT R. 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE FL 32202	7. Name and Address of New Registered Agent Name Shields, David R. Street Address (P.O. Box Number is Not Acceptable) 1 Independent Drive Suite 1600 City Jacksonville FL Zip Code 32202
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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 **David R. Shields** **April 4, 2000**
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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LOVETT, R.D. 1 INDEPENDENT DR STE 1600 JACKSONVILLE FL 32202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVETT, W.R. (II) 1 INDEPENDENT DR STE 1600 JACKSONVILLE FL 32202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOVETT, P.H. 1 INDEPENDENT DR STE 1600 JACKSONVILLE FL 32202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVETT, FANT L D 1 INDEPENDENT DR STE 1600 JACKSONVILLE FL 32202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEB, K.L. 1 INDEPENDENT DR STE 1600 JACKSONVILLE FL 32202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KREIS, ROBERT R. 1 INDEPENDENT DR STE 1600 JACKSONVILLE FL 32202 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition S Mello, Jeannine 1 Independent Drive, Suite 1600 Jacksonville, FL 32202

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: **David R. Shields, V-Pres** **4/4/00** **(904) 634-8808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)