

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90139 036 ***150.00

DOCUMENT # K68066
 1. Entity Name
SOUTHCOAST CAPITAL MANAGEMENT CORPORATION

Principal Place of Business 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202-5009 US	Mailing Address 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202-5009
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country	4. FEI Number 59-2933761	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**KREIS, ROBERT R.
 1 INDEPENDENT DRIVE
 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**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KREIS, ROBERT R.		NAME	
STREET ADDRESS 1 INDEPENDENT DRIVE, SUITE 1600		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32202-5009		CITY-ST-ZIP	
TITLE DPC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOVETT, R. D.		NAME	
STREET ADDRESS 1 INDEPENDENT DRIVE, SUITE 1600		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32202-5009		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOVETT, W. R. II		NAME	
STREET ADDRESS 1 INDEPENDENT DRIVE, SUITE 1600		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32202-5009		CITY-ST-ZIP	
TITLE VTAS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILLIAMS, L. D.		NAME	
STREET ADDRESS 1 INDEPENDENT DRIVE, SUITE 1600		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32202-5009		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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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: **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)