

2001 UNIFORM BUSINESS REPORT (UBR)

0001860 AF

DOCUMENT # L00000010825

1. Entity Name

FLORIDA EAST COAST RAILWAY, L.L.C.

2.4654
FILED

01 MAR 30 AM 10:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

ONE MALAGA ST.
ST. AUGUSTINE FL 32084

Mailing Address

ONE MALAGA ST.
ST. AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDDINS, HEIDI J
ONE MALAGA ST.
ST. AUGUSTINE FL 32084

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
C/D
Anestis, Robert;
One Malaga St.
St. Augustine, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
P/D
McPherson, J.
One Malaga Street
St. Augustine, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
VP/D
MacSwain, Robert F.
One Malaga Street
St. Augustine, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
S
Eddins, Heidi
One Malaga Street
St. Augustine, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
8000003962888--0
-04/06/01--01058--016
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/26/01

904/826-2392

CR2E083 (11/00)

AT Cheryl Starling One Malaga Street St. Augustine, Florida 32084	AS M. Francis Mueller One Malaga St. St. Augustine, FL 32084
VP Reginald Thompson One Malaga Street St. Augustine, FL 32084	VP W. Gary Griffiths One Malaga Street St. Augustine, FL 32084
VP W.S. Stokely One Malaga Street St. Augustine, FL 32084	VP C. R. Lynch One Malaga Street St. Augustine, FL 32084
AVP Gregory West One Malaga Street St. Augustine, FL 32084	

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