

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

03-19-2003 90044 020 ****50.00

3/1

DOCUMENT # L00000010825



1. Entity Name

FLORIDA EAST COAST RAILWAY, L.L.C.

Principal Place of Business

Mailing Address

**ONE MALAGA ST.
ST. AUGUSTINE FL 32084**

**P.O. BOX 1048
ST. AUGUSTINE FL 32085-1048**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-6001115

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANESTIS, ROBERT ONE MALAGA ST. ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP MCPHERSON, J. ONE MALAGA ST. ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV MACSWAIN, ROBERT F ONE MALAGA ST. ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDDINS, HEIDI ONE MALAGA ST. ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT STARLING, CHERYL ONE MALAGA ST. ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

3/12/03

Date

(904) 826-2399

Daytime Phone #

CR2E083 (10/02)

Attachment

55023648
100000010823

9. Managing Members/Managers				10. Additions/Changes			
Title		<input type="checkbox"/>	Delete	Title	V	<input type="checkbox"/>	Change <input checked="" type="checkbox"/> Additions
Name				Name	Smith, Richard G.		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	V	<input type="checkbox"/>	Change <input checked="" type="checkbox"/> Additions
Name				Name	Thompson, Reginald M.		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	V	<input type="checkbox"/>	Change <input checked="" type="checkbox"/> Additions
Name				Name	Griffiths, Gary W.		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	V	<input type="checkbox"/>	Change <input checked="" type="checkbox"/> Additions
Name				Name	Russell, Wayne E.		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	V	<input type="checkbox"/>	Change <input checked="" type="checkbox"/> Additions
Name				Name	Lynch, Charles R.		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	V	<input type="checkbox"/>	Change <input checked="" type="checkbox"/> Additions
Name				Name	Ballas, Thomas R.		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	V/T	<input type="checkbox"/>	Change <input checked="" type="checkbox"/> Additions
Name				Name	Lehan, Bradley D.		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	AV	<input type="checkbox"/>	Change <input checked="" type="checkbox"/> Additions
Name				Name	West, Gregory P.		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	AV	<input type="checkbox"/>	Change <input checked="" type="checkbox"/> Additions
Name				Name	Meador, Frank B.I		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	AV	<input type="checkbox"/>	Change <input checked="" type="checkbox"/> Additions
Name				Name	Pomar, Charles R.		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	AV	<input type="checkbox"/>	Change <input checked="" type="checkbox"/> Additions
Name				Name	MacInnes, David A.		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	V	<input type="checkbox"/>	Change <input checked="" type="checkbox"/> Additions
Name				Name	Bramlitt, Amy		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	AS	<input type="checkbox"/>	Change <input checked="" type="checkbox"/> Additions
Name				Name	Mueller, Frances M.		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title	AS	<input type="checkbox"/>	Change <input checked="" type="checkbox"/> Additions
Name				Name	Rayno, Theresa W.		
Street Address				Street Address	One Malaga Street		
City-St-Zip				City-St-Zip	St. Augustine, FL 32084		
Title		<input type="checkbox"/>	Delete	Title		<input type="checkbox"/>	Change <input type="checkbox"/> Additions
Name				Name			
Street Address				Street Address			
City-St-Zip				City-St-Zip			
Title		<input type="checkbox"/>	Delete	Title		<input type="checkbox"/>	Change <input type="checkbox"/> Additions
Name				Name			
Street Address				Street Address			
City-St-Zip				City-St-Zip			
Title		<input type="checkbox"/>	Delete	Title		<input type="checkbox"/>	Change <input type="checkbox"/> Additions
Name				Name			
Street Address				Street Address			
City-St-Zip				City-St-Zip			
Title		<input type="checkbox"/>	Delete	Title		<input type="checkbox"/>	Change <input type="checkbox"/> Additions
Name				Name			
Street Address				Street Address			
City-St-Zip				City-St-Zip			