

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 24, 2003 8:00 am
Secretary of State

09-24-2003 90046 039 ****50.00

DOCUMENT # L01000004844

1. Entity Name
1ST COAST HOMEBUYERS, LLC



Principal Place of Business

**1821 SAN MARCO BLVD. #4
JACKSONVILLE FL 32207**

Mailing Address

**1821 SAN MARCO BLVD. #4
JACKSONVILLE FL 32207**

2. Principal Place of Business

1821 SAN MARCO BLVD #4
Suite, Apt. #, etc.

3. Mailing Address

8857 CANOPY OAKS DR
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

Zip

32256

Country

USA

4. FEI Number **59-3720331**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NICHOLS, ROBERT C
701 FISK STREET, SUITE 110
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name **NA**

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

9/23/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MCCULLOUGH, BRIAN**
STREET ADDRESS **PO BOX 16772**
CITY-ST-ZIP **JACKSONVILLE FL 32245**

TITLE **MGRM** ☐ Delete
NAME **HART, DAVID**
STREET ADDRESS **PO BOX 16772**
CITY-ST-ZIP **JACKSONVILLE FL 32245**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **DAVID HART (PROVIDENT)**

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

Date

7/23/03

Daytime Phone #

904-396-6592

CR2E083 (4/03)