

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L19093

1. Entity Name

FIRST COAST LAND INVESTORS, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90127 024 ***150.00

Principal Place of Business

Mailing Address

C/O MICHAEL N. SCHNEIDER
4215 SOUTHPOINT BLVD. SUITE 100
JACKSONVILLE FL 32216

C/O MICHAEL N. SCHNEIDER
4215 SOUTHPOINT BLVD. SUITE 100
JACKSONVILLE FL 32216-6191

2. Principal Place of Business

P.O. Box 551260

3. Mailing Address

P.O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-2969907

Applied For

Not Applicable

Zip

Country

32255

Zip

Country

32255

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N.
4215 SOUTHPOINT BLVD. SUITE 100
JACKSONVILLE FL 32216

Name
Michael N. Schneider

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

5150 Belfort Road

Building 100

City

Jacksonville

FL

Zip Code

32256

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]

3/15/00

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 V
NAME ANSBACHER, LEWIS
STREET ADDRESS 4215 SOUTHPOINT BLVD.100
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE V
NAME Ansbacher, Lewis
STREET ADDRESS 5150 Belfort Road #100
CITY-ST-ZIP Jacksonville, FL 32256 ☒ Change ☐ Addition

TITLE V
NAME SCHNEIDER, MICHAEL N.
STREET ADDRESS 4215 SOUTHPOINT BLVD 100
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE V
NAME Schneider Michael
STREET ADDRESS 5150 Belfort Road #100
CITY-ST-ZIP Jacksonville, FL 32256 ☒ Change ☐ Addition

TITLE VD
NAME DONZIGER, MICHAEL
STREET ADDRESS 9456 PHILLIPS HWY
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

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

TITLE DPST
NAME VANDROFF, STANLEY
STREET ADDRESS 6900 SOUTHPOINT DR.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D/P/S/T
NAME Vandroff, Stanley
STREET ADDRESS 5150 Belfort Road #200
CITY-ST-ZIP Jacksonville, FL 32256 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)