

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001276

1. Entity Name

FIRST COAST INVESTMENT REALTY, L.L.C.

APPROVED
AND
FILED

00 MAY 16 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2111 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082

Mailing Address

2111 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082-5000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3560656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOTOLAW, INC.
50 N. LAURA ST., SUITE 2750
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Timothy BENNER

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

2111 SAWGRASS VILLAGE DR

City

PONTE VEDRA

FL

Zip Code

32082

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

Timothy Benner Member

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

TITLE MGRM ☐ Delete
NAME KIRSCHMAN, ARTHUR
STREET ADDRESS 2111 SAWGRASS VILLAGE DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE Member ☐ Delete
NAME Benner, Timothy
STREET ADDRESS 2111 Sawgrass Village Drive
CITY-ST-ZIP Ponte Vedra, FL 32082

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 800003279298-0
CITY-ST-ZIP -06/07/00-01010-019
*****50.00 *****50.00

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 605, Florida Statutes.

SIGNATURE:

Arthur Kirschman REQUIRED ARTHUR KIRSCHMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E01117411