2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
01-30-2002 90124 027 ****61.25

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DOCUMENT # N01000003472

1. Entity Name

FIRST COAST HIGHER EDUCATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7555 BEACH BOULEVARD ROOM 102 JACKSONVILLE FL 32216	7555 BEACH BOULEVARD ROOM 102 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

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 59-3720055 ☐ Applied For ☐ Not Applicable

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
JONES, STEPHEN M 7555 BEACH BOULEVARD ROOM 102 JACKSONVILLE FL 32216	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's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BONE, SUSAN C 4500 SALISBURY ROAD, SUITE 200 JACKSONVILLE FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD JONES, STEPHEN M 7555 BEACH BOULEVARD, ROOM 102 JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jones, Stephen M	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MILLINER-SMITH, SADIE 1658 KINGS ROAD JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BREWSTER, STEPHEN J 6600 YOUNGERMAN CIRCLE, SUITE 10 JACKSONVILLE FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Jim Owen 4567 St. Johns Bluff Rd S. Jacksonville FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEBESCH, ANNA 5001 ST. JOHNS AVENUE PALATKA FL 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Lisa K. Snowbarger 6104 Gazebo Park Place S. Suite Two Jacksonville, FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MERCHLEWITZ, TAMARA L BLDG. 110, 2ND FLOOR BOC 137, NAS JACKSONVILLE FL 32212	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Brenda Campbell Bldg. 110, 2nd Floor, Box 137 NAS Jacksonville, FL 32212	☐ Change ☒ Addition

CR2E037 (9/01)

2. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen M Jones Stephen M Jones 1/15/2002 (904) 680-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
1/9/392

Attachment # N01000003472

FLORIDA COASTAL SCHOOL OF LAW

Stephen M. Jones
Director of Admissions

Division of Corporation,

I left off the last digit in our FEI number when I first mailed this report. I have added it to the enclosed copy.

Thank you!

2/20/2002

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