

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90028 042 ****61.25

DOCUMENT # N01000003472

1. Entity Name

FIRST COAST HIGHER EDUCATION ASSOCIATION, INC.



Principal Place of Business

**7555 BEACH BOULEVARD
ROOM 102
JACKSONVILLE FL 32216**

Mailing Address

**7555 BEACH BOULEVARD
ROOM 102
JACKSONVILLE FL 32216**

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

☐ CHECK HERE IF MAKING CHANGES

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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **OWEN, JIM**
STREET ADDRESS **4567 ST. JOHNS BLUFF RD. S.**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **VD** ☐ Change ☒ Addition
NAME **Kevin Cotton**
STREET ADDRESS **940 N. Main St**
CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **PD** ☐ Delete
NAME **JONES, STEPHEN M**
STREET ADDRESS **7555 BEACH BOULEVARD, ROOM 102**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **VD** ☐ Change ☒ Addition
NAME **Christy Chambers**
STREET ADDRESS **4500 Salisbury Rd N Suite 200**
CITY-ST-ZIP **Jacksonville FL**

TITLE **VSD** ☒ Delete
NAME **MILLINER-SMITH, SADIE**
STREET ADDRESS **1658 KINGS ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **VSD** ☐ Change ☒ Addition
NAME **Maxine Lopez**
STREET ADDRESS **Navy College Office Box 137 Bldg 110**
CITY-ST-ZIP **Jacksonville FL 32212**

TITLE **VD** ☒ Delete
NAME **BREWSTER, STEPHEN J**
STREET ADDRESS **6600 YOUNGERMAN CIRCLE, SUITE 10**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **VD** ☐ Change ☒ Addition
NAME **Tiffany Emanuel**
STREET ADDRESS **6600 Youngerman Circle, Suite 10**
CITY-ST-ZIP **Jacksonville FL 32244**

TITLE **VD** ☐ Delete
NAME **LEBESCH, ANNA**
STREET ADDRESS **5001 ST. JOHNS AVENUE**
CITY-ST-ZIP **PALATKA FL 32177**

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

TITLE **VD** ☒ Delete
NAME **CAMPBELL, BRENDA**
STREET ADDRESS **BLDG. 110 2ND FLOOR BOX 137**
CITY-ST-ZIP **JACKSONVILLE FL 32212**

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

12. 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:

Steph M Jones

Jan, 21, 2003

(904) 680-7711

CR2E037 (10/02)