

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21835

1. Entity Name

FIRST COAST BLACK BUSINESS INVESTMENT CORPORATIO

Principal Place of Business

218 W. ADAMS ST. STE. 504
JACKSONVILLE FL 32202

Mailing Address

218 W. ADAMS ST. STE. 504
JACKSONVILLE FL 32202-4328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2846145

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NELSON, TONY D.
218 W. ADAMS ST
SUITE 504
JACKSONVILLE FL 32202

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 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 PD
NAME NELSON, TONY D
STREET ADDRESS 218 W. ADAMS ST. STE. 504
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

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

TITLE D
NAME WOOTEN, LYDIA
STREET ADDRESS 218 W. ADAMS ST. STE. 504
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE
NAME Director / Secretary ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME PATTERSON, HENRY
STREET ADDRESS 51 W BAY ST
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE
NAME Director / Treasure ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE DT
NAME GRIGGS, CHARLES
STREET ADDRESS 218 W ADAMS ST, #504
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE
NAME Director / Chairman ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

904 634-0329

Daytime Phone #

CR2E037 (9/99)