

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002366

DOCUMENT # N21835

1. Entity Name

FIRST COAST BLACK BUSINESS INVESTMENT CORPORATION  
N

FILED

02 AUG 16 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
218 W. ADAMS ST. STE. 504 218 W. ADAMS ST. STE. 504  
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202

2. Principal Place of Business 3. Mailing Address  
2933 Myrtle Ave N. 2933 Myrtle Ave N.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
JAX, FL 32209 JAX, FL 32209

City & State City & State  
JAX, FL JAX, FL  
Zip Country Zip Country  
32209 Duval 32209 Duval  
4. FEI Number 59-2846145 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  
NELSON, TONY D.  
218 W. ADAMS ST.  
SUITE 504  
JACKSONVILLE FL 32202  
Name TONY NELSON  
Street Address (P.O. Box Number is Not Acceptable)  
2933 Myrtle Ave N.  
City JAX, FL Zip Code FL 32209

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] 5/13/02  
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                        | <input type="checkbox"/> Delete            | TITLE                                                 | PD                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NELSON, TONY D            |                                            | NAME                                                  | 2933 Myrtle Ave N  |                                                                              |
| STREET ADDRESS             | 218 W. ADAMS ST. STE. 504 |                                            | STREET ADDRESS                                        | JAX, FL 32209      |                                                                              |
| CITY-ST-ZIP                | JACKSONVILLE FL 32202     |                                            | CITY-ST-ZIP                                           | JAX, FL 32209      |                                                                              |
| TITLE                      | D                         | <input checked="" type="checkbox"/> Delete | TITLE                                                 | Director           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | WOOTEN, LYDIA             |                                            | NAME                                                  | Fred Newbill       |                                                                              |
| STREET ADDRESS             | 218 W. ADAMS ST. STE. 504 |                                            | STREET ADDRESS                                        | 2933 Myrtle Ave    |                                                                              |
| CITY-ST-ZIP                | JACKSONVILLE FL 32202     |                                            | CITY-ST-ZIP                                           | JAX, FL 32209      |                                                                              |
| TITLE                      | D                         | <input checked="" type="checkbox"/> Delete | TITLE                                                 | Director           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | PATTERSON, HENRY          |                                            | NAME                                                  | Denny Axman        |                                                                              |
| STREET ADDRESS             | 51 W BAY ST               |                                            | STREET ADDRESS                                        | 2933 Myrtle Ave N. |                                                                              |
| CITY-ST-ZIP                | JACKSONVILLE FL           |                                            | CITY-ST-ZIP                                           | JAX, FL 32209      |                                                                              |
| TITLE                      | DT                        | <input type="checkbox"/> Delete            | TITLE                                                 |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | GRIGGS, CHARLES           |                                            | NAME                                                  |                    |                                                                              |
| STREET ADDRESS             | 218 W ADAMS ST, #504      |                                            | STREET ADDRESS                                        |                    |                                                                              |
| CITY-ST-ZIP                | JACKSONVILLE FL 32202     |                                            | CITY-ST-ZIP                                           |                    |                                                                              |
| TITLE                      |                           | <input type="checkbox"/> Delete            | TITLE                                                 |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                           |                                            | NAME                                                  |                    |                                                                              |
| STREET ADDRESS             |                           |                                            | STREET ADDRESS                                        |                    |                                                                              |
| CITY-ST-ZIP                |                           |                                            | CITY-ST-ZIP                                           |                    |                                                                              |
| TITLE                      |                           | <input type="checkbox"/> Delete            | TITLE                                                 |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                           |                                            | NAME                                                  |                    |                                                                              |
| STREET ADDRESS             |                           |                                            | STREET ADDRESS                                        |                    |                                                                              |
| CITY-ST-ZIP                |                           |                                            | 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: [Signature] SIGNATURE REQUIRED [Signature] 7/03/02 634-0329

CR02037 (9/01)