

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29096

1. Entity Name

FIRST COAST CENTER, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90753 001 \*\*\*122.50

Principal Place of Business

Mailing Address

~~10065 EMERALD COAST PKWY~~

~~10065 EMERALD COAST PKWY~~

~~STE. C-3~~

~~STE. C-3~~

DESTIN FL 32541

DESTIN FL 32541-4920

US

US

2. Principal Place of Business

1708 OLD HIGHWAY 98

3. Mailing Address

1708 OLD HIGHWAY 98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DESTIN FL

City & State

DESTIN FL

Zip

32541

Country

USA

Zip

32541

Country

USA

4. FEI Number

59-2935904

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

OLIVER, HOWARD C.

~~10065 EMERALD COAST PKWY~~

~~STE. C-3~~

DESTIN FL 32541

Name

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

1708 OLD HIGHWAY 98

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 ☐ Delete  
NAME HOWARD, OLIVER  
STREET ADDRESS ~~10065 EMERALD COAST PKWY, STE. C-3~~  
CITY-ST-ZIP DESTIN FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1708 OLD HIGHWAY 98  
CITY-ST-ZIP

TITLE VDS ☐ Delete  
NAME OWENS, PAUL D.  
STREET ADDRESS ~~10065 EMERALD COAST PKWY, STE. C-3~~  
CITY-ST-ZIP DESTIN FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1708 OLD HIGHWAY 98  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME OWENS, PAUL D.  
STREET ADDRESS ~~10065 EMERALD COAST PKWY, STE. C-3~~  
CITY-ST-ZIP DESTIN FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1708 OLD HIGHWAY 98  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PAJCIC, STEVE  
STREET ADDRESS ONE INDEPENDENT DRIVE, STE. 1900  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/00*  
Date

850 837 6602  
Daytime Phone #