

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40617

1. Entity Name

FIRST COAST CHILD ADVOCATES, INC.

FILED
Sep 21, 2000 8:00 am
Secretary of State

09-21-2000 90002 010 ****61.25

Principal Place of Business

333 EAST BAY STREET
JACKSONVILLE FL 32202
US

Mailing Address

333 EAST BAY STREET
JACKSONVILLE FL 32202
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3044475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, ARLENE
333 EAST BAY STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name RALEIGH M. WILCOX
Street Address (P.O. Box Number is Not Acceptable)
13500 SUTTON PARK DR. S.
Suite 703
City JACKSONVILLE FL Zip Code 32224

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

Raleigh M. Wilcox
Signature, typed or printed name of registered agent and title, applicable.

Treasurer
(NOTE: Registered Agent signature required when reinstating)

9/20/00
DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WILCOX, RALEIGH | |
| STREET ADDRESS | 103 CENTURY 21 DR, STE 112 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BLAKE-HOLLY, MARY | |
| STREET ADDRESS | 403 W. 10 ST | |
| CITY-ST-ZIP | JACKSONVILLE FL 32206 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GRAESSLE, WILLIAM | |
| STREET ADDRESS | 219 NEWMAN ST. 4TH FLR | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PRUSIECKI, KELLIE | |
| STREET ADDRESS | 3421 SUNNYSIDE DR | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 13500 SUTTON PARK DR. S, Ste 703 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32224 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V.P. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 735 ALHAMBRA DR S | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RICK SIEBLER | |
| STREET ADDRESS | 501 EAST BAY ST | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TRACY CARLIN | |
| STREET ADDRESS | P.O. BOX 240 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32201 | |

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:

Raleigh M. Wilcox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/00 (904) 223-9556
Date Daytime Phone #

CR2E037 (5/00)

FIRST COAST CHILD ADVOCATES, INC.

13500 Sutton Park Drive South
Suite 703
Jacksonville, Florida 32224

attachment
N4 06/7
CG101244

September 20, 2000

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: First Coast Child Advocates, Inc.
Document # N40617

Enclosed please find our UBR for 2000. We recognize that we are a few days late in filing this report. First Coast Child Advocates is a charitable organization and our board only meets quarterly. We had our meeting yesterday and I, as the treasurer, was given this report to file. We have no in house accounting personnel and typically things accumulate and are processed after our board meetings. We recognize that a penalty could be assessed for filing late. We request that you waive this penalty for this report. We will place a reminder in our date file to insure that the filing is timely in the future.

Sincerely,

Raleigh M. Wilcox

Raleigh M. Wilcox
Treasurer