

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

01-09-2001 90003 028 ****61.25

0001310

DOCUMENT # N40617

1. Entity Name

FIRST COAST CHILD ADVOCATES, INC.

Principal Place of Business

**333 EAST BAY STREET
 JACKSONVILLE FL 32202
 US**

Mailing Address

**13500 SUTTON PARK DR S
 703
 JACKSONVILLE FL 32224
 US**

78285



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3044475

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

**WILCOX, RALEIGH M
 13500 SUTTON PARK DR S
 STE 703
 JACKSONVILLE FL 32224**

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

Raleigh M. Wilcox

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/01

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TILE ☐ Delete
 NAME **T**
 STREET ADDRESS **WILCOX, RALEIGH**
 CITY-ST-ZIP **13500 SUTTON PARK DR S STE 703
 JACKSONVILLE FL 32224**

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

TILE ☐ Delete
 NAME **D**
 STREET ADDRESS **BLAKE-HOLLY, MARY**
 CITY-ST-ZIP **403 W. 10 ST
 JACKSONVILLE FL 32206**

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

TILE ☐ Delete
 NAME **D**
 STREET ADDRESS **GRAESSLE, WILLIAM**
 CITY-ST-ZIP **219 NEWMAN ST. 4TH FLR
 JACKSONVILLE FL 32202**

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

TILE ☐ Delete
 NAME **VP**
 STREET ADDRESS **PRUSIECKI, KELLIE**
 CITY-ST-ZIP **735 ALHAMBRA DR S
 JACKSONVILLE FL 32207**

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

TILE ☐ Delete
 NAME **P**
 STREET ADDRESS **SIEBLER, RICK**
 CITY-ST-ZIP **501 EAST BAY ST
 JACKSONVILLE FL 32202**

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

TILE ☐ Delete
 NAME **S**
 STREET ADDRESS **CARLIN, TRACY**
 CITY-ST-ZIP **P O BOX 240
 JACKSONVILLE FL 32201**

TILE ☐ 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:

Raleigh M. Wilcox

1/4/01 (904) 223-9556

CR2E037 (5/01)