

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40617

1. Entity Name

FIRST COAST CHILD ADVOCATES, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90045 029 ****61.25

Principal Place of Business

333 EAST BAY STREET
JACKSONVILLE FL 32202
US

Mailing Address

13500 SUTTON PARK DR S
703
JACKSONVILLE FL 32224
US

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

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

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

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

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

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

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

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

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

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

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

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

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

TILE NAME ☐ Change ☐ Addition
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02
Date

(904) 223-9556
Daytime Phone #

CR2E037 (9/01)