2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **N93000001579** Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** FIRST COAST REGION MARC/MAFCA, INC. 01-12-2000 90049 050 ****61.25 Mailing Address Principal Place of Business 1650 MANDARIN MANOR RD 1650 MANDARIN MANOR RD JACKSONVILLE FL 32223-2563 JACKSONVILLE FL 32223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STUART, CHARLES J. J 1650 MANDARIN MANOR RD JACKSONVILLE FL 32223 Zip Code City 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STUART, CHARLES J JR STREET ADDRESS STREET ADDRESS 1650 MANDARIN MANOR RD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change ☐ Addition ☐ Delete TITLE TITLE NAME BURGHART, KARL NAME STREET ADDRESS STREET ADDRESS **471 SIGSBEE RD** CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL ☐ Delete Change ☐ Addition TITLE n TITLE NAME Walls, Alonzo NAME STREET ADDRESS STREET ADDRESS 1747 BARTLETT AVE CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME HUNKELE, DORENA NAME STREET ADDRESS STREET ADDRESS 495 SIGSBEE RD CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Change ☐ Addition TITLE ☐ Delete TITLE COLEMAN, HENRY NAME NAME STREET ADDRESS STREET ADDRESS 744 ARRON CT CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** ☐ Change ☐ Addition TITLE Delete TITLE 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 executive report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on an attachment with an address—with all other like the proposed. changed, or on an attachment with an address

STUDENT JA. 1/4/00
Date

Date