

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000001579**

1. Entity Name

FIRST COAST REGION MARC/MAFCA, INC.

Principal Place of Business

**1650 MANDARIN MANOR RD
JACKSONVILLE FL 32223
US**

Mailing Address

**1650 MANDARIN MANOR RD
JACKSONVILLE FL 32223
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

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

TITLE	D	☐ Delete
NAME	STUART, CHARLES J JR	
STREET ADDRESS	1650 MANDARIN MANOR RD	
CITY-ST-ZIP	JACKSONVILLE FL	

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

TITLE	D	☒ Delete
NAME	BURGHART, KARL	
STREET ADDRESS	471 SIGSBEE RD	
CITY-ST-ZIP	ORANGE PARK FL	

TITLE	D	☐ Change ☒ Addition
NAME	ULRICH, NANCY	
STREET ADDRESS	11863 MANDARIN FOREST DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	

TITLE	D	☐ Delete
NAME	WALLS, ALONZO	
STREET ADDRESS	1747 BARTLETT AVE	
CITY-ST-ZIP	ORANGE PARK FL	

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

TITLE	D	☐ Delete
NAME	HUNKELE, DORENA	
STREET ADDRESS	495 SIGSBEE RD	
CITY-ST-ZIP	ORANGE PARK FL 32073	

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

TITLE	D	☐ Delete
NAME	COLEMAN, HENRY	
STREET ADDRESS	744 ARRON CT	
CITY-ST-ZIP	ORANGE PARK FL 32073	

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 an officer or trustee empowered.

SIGNATURE:

Scharles J. Stuart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01

Date

904-268-4762

Daytime Phone #

CR2E037 (10/00)