2002 UNIFORM BUSINESS REPORT (UBR) FILED Jan 28, 2002 8:00 am DOCUMENT # **N93000001579** Secretary of State 1. Entity Name FIRST COAST REGION MARC/MAFCA, INC. 01-28-2002 90009 017 ****61.25 Principal Place of Business Mailing Address 1650 MANDARIN MANOR RD 1650 MANDARIN MANOR RD JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 2. Principal Place of Business 3. Mailing Address PO Box 2889 471 SIGSBEE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORANGE PARK Orange Park, FL NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional CUAY 5. Certificate of Status Desired 32067 32073 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EHRY A. COLEMAN Address (P.O.Box Number is Not Acceptable) STUART, CHARLES J. J. 1650 MANDARIN MANOR RD JACKSONVILLE FL 32223 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. JAN 11, 2002 SIGNATURE Chan e of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE Addition TITLE NAME NAME KARL BURGHART, KAIZL STUART, CHARLES J JR STREET ADDRESS STREET ADDRESS 4715195BEE ROAD 1650 MANDARIN MANOR RD ORANGE PARK, FL 32078 CITY-ST-ZIP CITY-ST-ZIP <u>Jacksonville fl</u> TITLE Delete TITLE ☐ Change **Addition** n BARKER, DENNIS NAME NAME WALLS, ALONZO 569 SARATOGA STREET STREET ADDRESS STREET ADDRESS 1747 BARTLETT AVE CITY-ST-ZIP CITY-ST-7/P DRANGE PARK, FL 32073 <u>Orange-Park Fl</u> TITLE ☐ Change Addition TITLE Delete 😿 D HOUCHIN, SHIRLEY NAME NAME HUNKELE, DORENA 14155 MT. PLEASANT ROAD STREET ADDRESS STREET ADDRESS 495 SIGSBEE RD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32225 ORANGE PARK FL 32073 TITLE Change ☐ Addition TITLE ☐ Delete COLEMAN, HENRY NAME NAME STREET ADDRESS STREET ADDRESS 744 ARRON: CT CITY-ST-7IP CITY-ST-ZIE ORANGE PARK FL 32073 ☐ Delete ☐ Change ■ Addition ULRICH, NANCY NAME STREET ADDRESS STREET ADDRESS 11863 MANDARIN FOREST DR. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

CITY-ST-ZIP

JAN 11, 2002 (904) 272-3174

Daytime

CR2E037 (9/01)