

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90249 024 ****61.25

DOCUMENT # N93000002998

1. Entity Name

FIRST COAST FAMILY AND HOUSING FOUNDATION, INC.

Principal Place of Business

Mailing Address

325 W ADAMS ST
 305
 JACKSONVILLE FL 32202
 US

325 W ADAMS ST
 305
 JACKSONVILLE FL 32202
 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

59-3206820

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

LAMM, MARY-PARKER
325 W ADAMS STREET STE 305
JACKSONVILLE FL 32202

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ARNALL, JOSEPH	
STREET ADDRESS	9570 REGENCY SQ. BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNUTZEN, JAMES V	
STREET ADDRESS	3100 UNIVERSITY BLVD, STE 230	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VPST	<input checked="" type="checkbox"/> Delete
NAME	MOORE, TERRY A	
STREET ADDRESS	50 N. LAURA STREET, STE. 3100	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLEVELAND, HOLLY K	
STREET ADDRESS	225 WATER STREET, 2ND FL	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, MICHAEL L	
STREET ADDRESS	1131 NORTH LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT, BOARD OF TRUSTEES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD BUXBAUM	
STREET ADDRESS	216 SEA ISLAND DR	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	VICE PRESIDENT, BOARD OF TRUSTEES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA DODSON	
STREET ADDRESS	223 E. BAY ST, SUITE 800	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	TREASURER, BOD OF TRUSTEES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARRYL JACKSON	
STREET ADDRESS	101 E. UNION ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	EXECUTIVE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY-PARKER LAMM	
STREET ADDRESS	325 W. ADAMS ST, #305	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary-Parker Lamm*, Executive Director 2/10/01 (904) 353-0891
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)