

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001106

1. Entity Name

JUNIOR ACHIEVEMENT OF FLORIDA'S FIRST COAST, INC

**FILED**  
Jul 02, 2002 8:00 am  
Secretary of State

05-02-2002 90029 003 \*\*\*\*70.00

Principal Place of Business  
1801 ART MUSEUM DR  
STE 101  
JACKSONVILLE FL 32207  
US

Mailing Address

1801 ART MUSEUM DR  
STE 101  
JACKSONVILLE FL 32207  
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 59-1021800

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

STANAND, STEVE

Name STEVE STANAND

1801 ART MUSEUM DRIVE  
STE 101  
JACKSONVILLE FL 32207

Street Address (P.O. Box Number is Not Acceptable)  
1801 ART MUSEUM DRIVE  
SUITE 101

City JACKSONVILLE

FL

Zip Code 32207

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 STEVE STANAND

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-18-02

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  
NAME IRELAND, LOCK  
STREET ADDRESS 3080 LEON RD STE 202  
CITY-ST-ZIP JACKSONVILLE FL 32248 ☒ Delete

TITLE D  
NAME CHAIRMAN-ELECT  
STREET ADDRESS DAVID SILICK  
CITY-ST-ZIP 1200 RIVERPLACE BLVD., SUITE 200 JACKSONVILLE, FL 32207 ☐ Change ☒ Addition

TITLE D  
NAME STROM, J  
STREET ADDRESS 50 LAURA ST, STE 3000  
CITY-ST-ZIP JACKSONVILLE FL 32202 ☒ Delete

TITLE D  
NAME TREASURER  
STREET ADDRESS WILLIAM KOCH  
CITY-ST-ZIP 111 RIVERSIDE AVE., SUITE 210 JACKSONVILLE, FL 32202 ☐ Change ☒ Addition

TITLE D  
NAME MCGINNIS, FRED  
STREET ADDRESS 112 W ADAMS ST STE 902  
CITY-ST-ZIP JACKSONVILLE FL 32202 ☒ Delete

TITLE D  
NAME SECRETARY  
STREET ADDRESS MIKE CLEMENTS  
CITY-ST-ZIP P.O. BOX 51000 ATLANTIC BEACH, FL 32240 ☐ Change ☒ Addition

TITLE C  
NAME SANDLIN, ROBERT  
STREET ADDRESS 1801 ART MUSEUM DRIVE, 3RD FLOOR  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE P  
NAME COOK, DANIEL H  
STREET ADDRESS 1801 ART MUSEUM DRIVE, SUITE #101  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☒ Delete

TITLE STEVE STANAND  
NAME PRESIDENT  
STREET ADDRESS 1801 ART MUSEUM DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32207 ☐ Change ☒ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

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: STEVE STANAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

(904) 398-9944

Daytime Phone #

CR2007 (9/01)