

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004903

1. Entity Name

FIRST COAST CONSTRUCTION EDUCATION FOUNDATION, I

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90115 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5944 RICHARD ST  
 JACKSONVILLE FL 32216

5944 RICHARD ST  
 JACKSONVILLE FL 32216-5927



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3270799

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DYKHUISEN, GERALD A  
 5944 RICHARD ST  
 JACKSONVILLE FL 32216

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	CD	<input type="checkbox"/> Delete
NAME	PATTON, JOHN	
STREET ADDRESS	111 RIVERSIDE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAKE, TOM	
STREET ADDRESS	700 PALMETTO ST	
CITY-ST-ZIP	JACKSONVILLE FL 32203	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYERS, DAVID	
STREET ADDRESS	5772 TIMUQUANA RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, JOHN	
STREET ADDRESS	3772 KORI ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	OVERCASH, KEN	
STREET ADDRESS	4235 ST. AUGUSTINE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCER, DAVID	
STREET ADDRESS	4856 VICTOR STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Signature* REGISTERED AGENT 2/15/00