

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90193 005 \*\*\*\*\*61.25

**DOCUMENT # N94000004903**

1. Entity Name

**FIRST COAST CONSTRUCTION EDUCATION FOUNDATION, I**

Principal Place of Business

**5944 RICHARD ST  
 JACKSONVILLE FL 32216**

Mailing Address

**5944 RICHARD ST  
 JACKSONVILLE FL 32216**

2. Principal Place of Business

**6900 Southpoint Dr. N**

3. Mailing Address

**6900 Southpoint Dr. N.**

Suite, Apt. #, etc.

**Ste 120**

Suite, Apt. #, etc.

**Ste. 120**

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

4. FEI Number

**59-3270799**

Applied For

Not Applicable

Zip

**32216**

Country

**USA**

Zip

**32216**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DYKHUISEN, GERALD A  
 5944 RICHARD ST  
 JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name **Dan Haskell**

Street Address (P.O. Box Number is Not Acceptable)

**6900 Southpoint Dr N**

**Ste 120**

City

**Jacksonville**

FL

Zip Code

**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

**4/30/01**

**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

TITLE **CD** ☐ Delete  
 NAME **PATTON, JOHN**  
 STREET ADDRESS **111 RIVERSIDE DR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **SD** ☐ Delete  
 NAME **LAKE, TOM**  
 STREET ADDRESS **700 PALMETTO ST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32203**

TITLE **D** ☐ Delete  
 NAME **MEYERS, DAVID**  
 STREET ADDRESS **5772 TIMUQUANA RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ Delete  
 NAME **CAMPBELL, JOHN**  
 STREET ADDRESS **3772 KORI ROAD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ Delete  
 NAME **OVERCASH, KEN**  
 STREET ADDRESS **4235 ST. AUGUSTINE ROAD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Delete  
 NAME **SPENCER, DAVID**  
 STREET ADDRESS **4856 VICTOR STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
 NAME **ALLEN BENDER**  
 STREET ADDRESS **2821 B. BOLTON RD.**  
 CITY-ST-ZIP **ORANGE PARK, FL 32073**

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID SPENCER**

Date

Daytime Phone #

**4/30/01 904 636-7788**

CR2E037 (10/00)