

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 11, 2000 8:00 am  
Secretary of State

07-11-2000 90001 046 \*\*\*\*61.25

DOCUMENT # N95000002249

1. Entity Name

THE FIRST COAST ROSE SOCIETY, INC.

Principal Place of Business

Mailing Address

57 FELSHIRE LN.  
PALM COAST FL 32137

57 FELSHIRE LN.  
PALM COAST FL 32137-9271

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

59-3126599

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

Name

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

City

FL

Zip Code

EDWARDS, DAVID E  
57 FELSHIRE LN.  
PALM COAST FL 32137

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	EDWARDS, DAVID E	
STREET ADDRESS	57 FELSHIRE LN.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESTER, LOUISE	
STREET ADDRESS	7 CLOVERDALE CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	S	<input type="checkbox"/> Delete
NAME	FIALKOWSKI, BEVERLY	
STREET ADDRESS	15 PENN MANOR LANE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SUSKI, HENRY M.	
STREET ADDRESS	2 WHITTINGTON DR.	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERCE, DONALD L	
STREET ADDRESS	8 EISENHOWER PL.	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Delete
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		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

Henry M. Suski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

17 Apr 2000 (904) 496-4341

CR2E037 (9/99)