

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005628

1. Entity Name

FIRST COAST CORVETTE ASSOCIATION, INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90116 019 ****61.25

Principal Place of Business

6080 PARK STREET
JACKSONVILLE FL 32205

Mailing Address

POST OFFICE BOX 57671
JACKSONVILLE FL 32241-7671

2. Principal Place of Business

3. Mailing Address

1925 TANGLEWOOD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

JACKSONVILLE BEACH

City & State

City & State

FLA

Zip

Country

Zip

32250

Country

DUVAL

4. FEI Number

59-3035912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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

TERRY, RONALD E
6080 PARK STREET
JACKSONVILLE FL 32205

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
NAME RICHARDSON, GRANT R
STREET ADDRESS 4321 SADDLEHORN TRAIL
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

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

TITLE VD
NAME COE, ANNE
STREET ADDRESS 8416 FT. CAILOLINE RD
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

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

TITLE TD
NAME KANASZKA, THOMAS
STREET ADDRESS 1925 TANGLEWOOD RD.
CITY-ST-ZIP JACKSONVILLE FL 32250 ☐ Delete

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

TITLE SD
NAME RICHARDSON, SUE
STREET ADDRESS 4321 SADDLEHORN TRAIL
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Thomas Kanaszka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01

904-249-8405

Date

Daytime Phone #

CR2E037 (10/00)