

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90069 047 ****61.25

DOCUMENT # N95000005628

1. Entity Name

FIRST COAST CORVETTE ASSOCIATION, INC.

Principal Place of Business

**6080 PARK STREET
 JACKSONVILLE FL 32205**

Mailing Address

**1925 TANGLEWOOD ROAD
 JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

1925 TANGLEWOOD ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH FL

City & State

4. FEI Number **59-3035912**

Applied For
 Not Applicable

Zip

32250

Country

DUVAL

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TERRY, RONALD E
 6080 PARK STREET
 JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name **THOMAS KANASZKA**

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

1925 TANGLEWOOD ROAD

City **JACKSONVILLE BEACH**

FL

Zip Code **32250**

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 Thomas Kanaszka **THOMAS KANASZKA - TREASURER** **4/19/02**
 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, GRANT R	
STREET ADDRESS	4321 SADDLEHORN TRAIL	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COE, ANNE	
STREET ADDRESS	8416 FT. CAILOLINE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KANASZKA, THOMAS	
STREET ADDRESS	1925 TANGLEWOOD RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, SUE	
STREET ADDRESS	4321 SADDLEHORN TRAIL	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSCHELL WILLIAMS	
STREET ADDRESS	3747 PARK ST.	
CITY-ST-ZIP	JACKSONVILLE FL 33205	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT RICHARDSON	
STREET ADDRESS	4321 SADDLEHORN TRAIL	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA MADDOX	
STREET ADDRESS	12819 MANDARIN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
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		

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 **THOMAS KANASZKA** **4/19/02** **904-249-8405**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)