2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
03-31-2002 90333 040 ****70.00

DOCUMENT # N96000004019

1. Entity Name

FIRST COAST POST POLIO SUPPORT GROUP, INC.

Principal Place of Business	Mailing Address
2785 HOLLY POINT ORANGE PARK FL 32073 US	2785 HOLLY POINT ORANGE PARK FL 32073 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3757 BUCKSKIN TRAILW	3757 BUCKSKIN TR W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CKSONVILLE FL 32277	City & State: JACKSONVILLE FL
Zip:	Country: USA
Zip: 32277	Country: USA

4. FEI Number 59-3395813 ☐ 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
CAPLIN, STUART MD 2785 HOLLY POINT ORANGE PARK FL 32273	Name: PHILLIPPA ECKERT Street Address (P.O. Box Number is Not Acceptable): 3757 BUCKSKIN TRAIL W City: JACKSONVILLE FL Zip Code: 32277

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: Phillippa Eckert PRESIDENT 1-31-02
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAPLIN, STUART MD 2785 HOLY POINT ORANGE PARK FL 32273 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ECKERT, PHILLIPPA 3757 BUCKSKIN TRAIL W JACKSONVILLE, FL 32277 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ECKERT, PHILLIP 3757 BUCKSTEIN TRAIL WEST JACKSONVILLE FL 32277 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OLSEN, KATHY 1844 LEEWARD LANE NEPTUNE BEACH, FL 32233 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FERGUSON, HELEN 8843 DEERMOSS WAY EAST JACKSONVILLE FL 32217 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PHILLIPS, LYNNA 2345 WALTERS RD MIDDLEBURG, FL 32068 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NESS, PHILLIP 2717 FRESNO DR JACKSONVILLE BEACH FL 32250 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAMERON, CARL 715 ACAPULCO RD JACKSONVILLE, FL 32216 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CATTERON, CARL 715 ACAPULCO ROAD JACKSONVILLE FL 32216 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYNILDSON, DAVID A. 10532 TANGLEWILDE DR W JACKSONVILLE, FL 32257 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUS HARPER, CLAUDE 13658 GORDONIA CT JACKSONVILLE FL 32224 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAKER, JOE 1608 SO EDGEWOOD AVE JACKSONVILLE, FL 32205 ☒ Change ☐ Addition

CR2E037 (9/01)

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: Phillippa Eckert SIGNATURE REQUIRED PRES. 1-31-02 (904)744-4267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Phillippa Eckert
PHILLIPPA ECKERT