

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90263 001 ***131.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N96000005644 1. Entity Name FLORIDA'S FIRST COAST HISPANIC CULTURAL DEVELOPMENT FUND CORP.			
Principal Place of Business 4141 SOUTHPOINT DR E JACKSONVILLE, FL 32216		Mailing Address 4141 SOUTHPOINT DR E JACKSONVILLE, FL 32216	
2. Principal Place of Business 5121 Bowden Road Suite 103		3. Mailing Address 5121 Bowden Road Suite 103	
City & State Jacksonville, FL Zip 32216		City & State Jacksonville, FL Zip 32216	
Country USA		Country US	
4. FEI Number 59-3430733		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VARGAS, CLARK 4141 SOUTHPOINT DR E JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name Clark Vargas Street Address (P.O. Box Number is Not Acceptable) 5121 Bowden Road Suite 103 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when amending)			
FILE IN NOW: FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VARGAS, CLARK 4141 SOUTHPOINT DR E JACKSONVILLE, FL 32216	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, JORGE 6824 PHILLIPS PARKWAY DRIVE SOUTH JACKSONVILLE, FL 32256	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, JOSE 4141 SOUTHPOINT DRIVE EAST JACKSONVILLE, FL 32216	☒ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, JOHN W 4665 SALISBURY ROAD SUITE 300 JACKSONVILLE, FL 32256	☒ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	☐ Change ☐ Addition
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: <u><i>[Signature]</i></u> DATE: _____ DAYTIME PHONE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

55053901



☐ CHECK HERE IF MAKING CHANGES

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Make Check Payable to
Florida Department of State

CR2E037 (10/02)