

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

0001338

DOCUMENT # N96000005644

1. Entity Name
**FLORIDA'S FIRST COAST HISPANIC CULTURAL DEVELOPM
ENT FUND CORP.**



FILED

03 OCT 15 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Rd
Suite 103
Jacksonville FL
32216 US**

3. Mailing Address
**5121 Bowden Rd
Suite 103
Jacksonville FL
32216 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
**Vargas, Clark
5121 Bowden Road
Suite 103
Jacksonville 1 FL 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 **10/19/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VARGAS, CLARK 4141 SOUTHPOINT DR E JACKSONVILLE FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, JORGE 6824 PHILLIPS PARKWAY DRIVE SOUTH JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, JOSE 4141 SOUTHPOINT DRIVE EAST JACKSONVILLE FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, JOHN W 4655 SALISBURY ROAD SUITE 300 JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5121 Bowden Rd #103 Jacksonville FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100023810371 10/15/03--01051--022 *140:00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carrero, Leon 11200-1 St. Johns Ind. PKW Y Jacksonville FL 32240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED **10/19/03 904-731-3173**

CR2E037 (4/03)