

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006413

1. Entity Name

FIRST COAST SPORTS AWARDS, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90014 047 *****61.25

0013607

Principal Place of Business

1 SAN JOSE PLACE
#35
JACKSONVILLE FL 32257

Mailing Address

1 SAN JOSE PLACE
#35
JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3424105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBS, ANDREW T
1 SAN JOSE PLACE
#35
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D JACOBS, ANDREW T	9551 BAYMEADOWS ROAD #16	JACKSONVILLE FL 32256	
	D SCHRAMM, BERNARD C JR	2615 SCOTT-MILL DRIVE SOUTH	JACKSONVILLE FL 32223	
	D DALTON, JAMES	916 DANTE PLACE	JACKSONVILLE FL 32207	
	D TONNING, KEN	1050 EAST ADAMS STREET	JACKSONVILLE FL 32202	
	D MELNYK, STEVE	111 RIVERSIDE AVENUE #330	JACKSONVILLE FL 32202	
	D FORRESTER, JOHN	7800 BELFORT PKWY STE 100	JACKSONVILLE FL 32256	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)