

2001

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000000382**

02-01-2001 90183 015 ***236.25

1. Entity Name

FIRST COAST WORKFORCE DEVELOPMENT BOARD, INC.

Principal Place of Business

Mailing Address

2141 LOCH RANE BOULEVARD, SUITE 107
ORANGE PARK FL 320732141 LOCH RANE BOULEVARD, SUITE 107
ORANGE PARK FL 32073

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

NOT APPLICABLE

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

Name

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

City

FL

Zip Code

**GRAFEL, LYNN H
2141 LOCH RANE BOULEVARD, SUITE 107
ORANGE PARK FL 32073**

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

12-18-00**FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25**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	CD	<input type="checkbox"/> Delete
NAME	AGRESTI, JERRY	
STREET ADDRESS	2000 WELLS ROAD, STE B	
CITY-ST-ZIP	ORANGE PARK FL 32073	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VCD	<input type="checkbox"/> Delete
NAME	MANN, TIMOTHY	
STREET ADDRESS	459 EAST 16TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Delete
NAME	TURNER, LAURA	
STREET ADDRESS	455 EAST END ROAD	
CITY-ST-ZIP	SAN MATEO FL 32187	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VCD	<input type="checkbox"/> Delete
NAME	CD	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-00 904 213-3050

Date

Daytime Phone #

2/9/01

FILED
01 FEB - 1 PM
TALLAHASSEE, FL
SECRETARY OF STATE

UUU14736



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)