9/16/2002-90090-033-$61.25-$61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000382

1. Entity Name

FIRST COAST WORKFORCE DEVELOPMENT BOARD, INC.

FILED
02 OCT 11 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2141 LOCH RANE BOULEVARD, SUITE 107 ORANGE PARK FL 32073	2141 LOCH RANE BOULEVARD, SUITE 107 ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

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
GRAFEL, LYNN H 2141 LOCH RANE BOULEVARD, SUITE 107 ORANGE PARK FL 32073	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 8/27/02

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

After September 13, 2002, 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 NAME AGRESTI, JERRY STREET ADDRESS 2000 WELLS ROAD., STE B CITY-ST-ZIP ORANGE PARK FL 32073 ☒ Delete	TITLE Mann, Timothy "D" NAME STREET ADDRESS P.O. Box 2230 CITY-ST-ZIP Jacksonville, FL 32203 ☒ Change ☐ Addition
TITLE VCD NAME MANN, TIMOTHY STREET ADDRESS 459 EAST 16TH STREET CITY-ST-ZIP JACKSONVILLE FL 32206 ☒ Delete	TITLE NAME Vacancy STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE STD NAME TURNER, LAURA STREET ADDRESS 455 EAST END ROAD CITY-ST-ZIP SAN MATEO FL 32187 ☒ Delete	TITLE Edgerton, Eda "D" NAME STREET ADDRESS 818 A1A North, Suite 206 CITY-ST-ZIP Ponte Vedra Beach, FL 32082 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE VCD Schickel, John J "D" NAME STREET ADDRESS 136 E. BayStreet CITY-ST-ZIP Jacksonville, FL 32210 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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: SIGNATURE REQUIRED 8/27/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/02)