

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

0000437

DOCUMENT# N97000000382

1. Entity Name

FIRST COAST WORKFORCE DEVELOPMENT BOARD, INC.



FILED

03 SEP 25 AM 11:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2141 LOCH RANE BOULEVARD, SUITE 107
ORANGE PARK FL 32073

Mailing Address

2141 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

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

Name

BRUCE FERGUSON

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

2141 LOCH RANE BOULEVARD, SUITE 107

City

ORANGE PARK

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bruce Ferguson, CEO

(NOTE: Registered Agent signature required when reinstating)

9/23/03

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME MANN, TIMOTHY
STREET ADDRESS P.O. BOX 2230
CITY-ST-ZIP JACKSONVILLE FL 32203

TITLE REGISTER, DARRYL ☒ Change ☒ Addition
NAME
STREET ADDRESS 8824 TOM ADAMS RD.
CITY-ST-ZIP GLEN ST. MARY, FL 32040
VICE CHAIR

TITLE D ☐ Delete
NAME EDGERTON, EDA
STREET ADDRESS 818 A1A NORTH, SUITE 206
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE SECRETARY ☒ Change ☐ Addition
NAME EDGERTON, EDA
STREET ADDRESS 818 A1A NORTH, SUITE 206
CITY-ST-ZIP PONTE VEDRA, FL 32082

TITLE VCD ☐ Delete
NAME SCHICKEL, JOHN J
STREET ADDRESS 136 E. BAYSTREET
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE CHAIRMAN ☒ Change ☐ Addition
NAME SCHICKEL, JOHN J
STREET ADDRESS 136 E. BAYSTREET
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 700023341867
STREET ADDRESS 09/25/03--01074--025 **236.25
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Bruce Ferguson
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT/RECEIVER OR DIRECTOR

9/23/03

(604) 213 3800

CR2E037 (4/03)