

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90134 016 ****61.25

DOCUMENT # N98000001063

1. Entity Name

GUANA AREA/INTRACOASTAL NETWORK, INC.

Principal Place of Business

Mailing Address

**12 SAN JUAN CIR
 PONTE VEDRA BEACH FL 32082**

**12 SAN JUAN CIR
 PONTE VEDRA BEACH FL 32082**

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

59-3520445

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

**PENNINGTON, C. RUFUS III
 12 SAN JUAN CIR
 PONTE VEDRA BEACH FL 32082**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D HARRIS, JOHN B M.D.**
 STREET ADDRESS **401 SAN JUAN DR**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE ☐ Delete
 NAME **D PENNINGTON, C. RUFUS**
 STREET ADDRESS **12 SAN JUAN CIR**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE ☐ Delete
 NAME **D JOY, SHALE**
 STREET ADDRESS **132 13TH AVE SOUTH, #10**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE ☐ Delete
 NAME **D BAILEY, SARAH**
 STREET ADDRESS **2202 BISHOP ESTATE ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

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

TITLE ☐ Delete
 NAME **D LAWRENCE, GREGORY A E**
 STREET ADDRESS **300 WEST ADAMS STREET, STE 480**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

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

TITLE ☐ Delete
 NAME **D O'HARA, STEPHEN J JR**
 STREET ADDRESS **ONE INDEPENDENT DRIVE, STE 1601**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

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:

SIGNATURE REQUIRED

2-19-02

904-355-7508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)