

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001165

1. Entity Name

FIRST COAST TECHNICAL INSTITUTE, INC.

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90014 032 ****70.00

Principal Place of Business

Mailing Address

2980 COLLINS AVE
ST AUGUSTINE FL 32095

2980 COLLINS AVE
ST AUGUSTINE FL 32095

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

59-1276697

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COTHRON, CHRISTINE
2980 COLLINS AVE
ST AUGUSTINE FL 32095

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
After September 12, 2001, 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	PD	<input type="checkbox"/> Delete
NAME	BEXLEY, MR. JERRY	
STREET ADDRESS	1700 DOBBS ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086-5223	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATRICK, MR. DON	
STREET ADDRESS	1 RIBERIA STREET	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CONNER, MS. MARLENE	
STREET ADDRESS	21 WORLD GOLF FOUNDATION	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, MR. MIKE	
STREET ADDRESS	1734 KINGLSEY AVENUE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, MRS. PEGGY	
STREET ADDRESS	623 N. MAIN STREET PO BOX 2600	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSON, MR. WES	
STREET ADDRESS	PO BOX 550	
CITY-ST-ZIP	PALATKA FL 32078-0550	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEXLEY, MR. JERRY	
STREET ADDRESS	1700 DOBBS ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086-5223	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROYAL, MR. VAN	
STREET ADDRESS	3616 MAGNOLIA POINT BOULEVARD	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McDERMAID, MR. STEVE	
STREET ADDRESS	1734 KINGSLEY AVENUE	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWNING, MR. JOHN	
STREET ADDRESS	246 HWY. 17 SOUTH	
CITY-ST-ZIP	PALATKA, FL 32131	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PILGRIM, MR. FRED (JR.)	
STREET ADDRESS	COUNTY ROAD 216	
CITY-ST-ZIP	PALATKA, FL 32178	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, MRS. PEGGY	
STREET ADDRESS	1975 LAKESHORE DRIVE NORTH	
CITY-ST-ZIP	ORANGE PARK, FL 32003	

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

7/19/01

904-824-4461

CR2E037 (5/01)

Attachment

A0079198
Inv. # N99000001165



Mail all invoices to:
Business Office
First Coast Technical Institute
2980 Collins Avenue
St. Augustine, FL 32084

Purchase Order

NO P02989 Date: 7/15/2001

To: DEPARTMENT OF STATE P.O. BOX 1500 TALLAHASSEE FL 32302-1500	Vendor No: V03030	Ship to: First Coast Technical Institute 2980 Collins Avenue St. Augustine, FL 32084 Attention: GREG KERN 904 829 1026	R03
---	--------------------------	--	------------

Line	ItemNo	Description	Quantity	Unit Price	Total Price
01		1001 7300 0730 0231 0001 2001 UNIFORM BUSINESS REPORT FEES	1	70.00	70.00
		Total P.O. Amount			\$ 70.00

See instructions on back.

Florida Sales Tax Exempt Number
65-00-003750-81-4
Florida Excise Tax Exempt Number
59-1276697

First Coast Technical Inst.
Purchasing Department

By:

Authorized Signature

Phone (904) 829-1026 FAX (904) 824-6750

Vendor Copy - Original

A Component of St. Johns County Schools
Equal Opportunity Employer