

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90230 043 ****61.25

DOCUMENT # N99000001165

1. Entity Name
FIRST COAST TECHNICAL INSTITUTE, INC.



Principal Place of Business
**2980 COLLINS AVE
ST AUGUSTINE FL 32095**

Mailing Address
**2980 COLLINS AVE
ST AUGUSTINE FL 32095**

70013000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1276697**

Applied For

Not Applicable

Zip

Country

Zip

32084

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BEXLEY, MR. JERRY**
STREET ADDRESS **1700 DOBBS ROAD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086-5223**

TITLE **P** ☐ Change ☒ Addition
NAME **Christine Cothron**
STREET ADDRESS **2980 Collins Ave.**
CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **D** ☒ Delete
NAME **PATRICK, MR. DON**
STREET ADDRESS **1 RIBERIA STREET**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **D** ☐ Change ☒ Addition
NAME **Burchfield, Robin**
STREET ADDRESS **1 Riberia Street**
CITY-ST-ZIP **Sanit. Augustine, FL 32084**

TITLE **D** ☐ Delete
NAME **O'CONNER, MS. MARLENE**
STREET ADDRESS **21 WORLD GOLF FOUNDATION**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32092**

TITLE **D** ☐ Change ☒ Addition
NAME **Browning, John**
STREET ADDRESS **246 Hwy 17 South**
CITY-ST-ZIP **East Palatka, FL 32131**

TITLE **DC** ☐ Delete
NAME **ROYAL, VAN**
STREET ADDRESS **3616 MAGNOLIA POINT BLVD.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **D** ☐ Change ☒ Addition
NAME **Pilgrim, Fred**
STREET ADDRESS **County Road 216**
CITY-ST-ZIP **Palatka, FL 32178**

TITLE **D** ☐ Delete
NAME **WHITE, MRS. PEGGY**
STREET ADDRESS **1975 LAKESHORE DRIVE NORTH**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **D** ☐ Change ☒ Addition
NAME **Mc Dermaid, Steve**
STREET ADDRESS **1734 Kingsley Avenue**
CITY-ST-ZIP **Orange Park, FL 32073**

TITLE **D** ☐ Delete
NAME **LARSON, MR. WES**
STREET ADDRESS **PO BOX 550**
CITY-ST-ZIP **PALATKA FL 32078-0550**

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:

Christine Cothron

Christine Cothron

01-09-2003 904 829-1011

CR2E037 (10/02)