

DOCUMENT # **199000004821**

1. Entity Name

FIRST COAST ATTRACTIONS ASSOCIATION, INC.

Principal Place of Business

% RIVERCRUISES, 1511 MONTANA AVE.
JACKSONVILLE FL 32207

Mailing Address

% RIVERCRUISES, 1511 MONTANA AVE.
JACKSONVILLE FL 32207

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LUCAS, DANE
% RIVERCRUISES, 1511 MONTANA AVE.
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete**D** **CHAIRMAN**
W DANE LUCAS
1511 MONTANA AVE
JACKSONVILLE FL 32207TITLE ☐ Delete**D** **CHAIRMAN-ELECT**
Jack Booth
1200 Beach Blvd
JACKSONVILLE FL 32246TITLE ☐ Delete**D** **JIM UCCIO**
3860 MAGNOLIA AVE
MIDDLEBURGH FL 32268TITLE ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TS

CR2E037 (9/99)