

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006233

1. Entity Name

FIRST COAST PRISON INVASION, INC.

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90482 032 \*\*\*\*61.25

Principal Place of Business

928 GRACE TERRACE  
JACKSONVILLE FL 32205

Mailing Address

928 GRACE TERRACE  
JACKSONVILLE FL 32205-4613

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

Jx 59-3603425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LARSON, GARY P  
928 GRACE TERRACE  
JACKSONVILLE FL 32205

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 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

TITLE D ☐ Delete  
NAME LARSON, GARY P  
STREET ADDRESS 928 GRACE TERRACE  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE D ☐ Delete  
NAME MARLETT, CRAIG S  
STREET ADDRESS 8451 AMELIA TR.  
CITY-ST-ZIP KISSIMMEE FL 34747

TITLE D ☐ Delete  
NAME SWEAT, CHARLENE M  
STREET ADDRESS 7710 MARINER DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME Christine P Larson  
STREET ADDRESS 928 GRACE TERRACE  
CITY-ST-ZIP Jacksonville FL 32205

TITLE D ☐ Change ☒ Addition  
NAME EDWARD HENDERSON  
STREET ADDRESS P.O. Box 189  
CITY-ST-ZIP MORAVIAN FALLS, N.C. 28654

TITLE D ☐ Change ☒ Addition  
NAME Cheryl Henderson  
STREET ADDRESS Po Box 189  
CITY-ST-ZIP MORAVIAN FALLS, N.C. 28654

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

TITLE ☐ Change ☐ Addition  
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:

GARY P. LARSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/2000 904-783-0057  
Date Daytime Phone #

CR2E037 (9/99)