

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006771

1. Entity Name

FLORIDA FIRST COAST ENTERPRISES INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-18-2000 90327 031 ****61.25

Principal Place of Business

Mailing Address -

6117 STRAWFLOWER PLACE
JACKSONVILLE FL 32209

6117 STRAWFLOWER PLACE
JACKSONVILLE FL 32209-2042

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

59-3608345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILCOX, SINCLAIR W
6117 STRAWFLOWER PLACE
JACKSONVILLE FL 32209

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	P	<input type="checkbox"/> Delete
NAME	WILCOX, SINCLAIR W	
STREET ADDRESS	6117 STRAWFLOWER PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WILSON, IRVING W	
STREET ADDRESS	6117 STRAWFLOWER PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	T	<input type="checkbox"/> Delete
NAME	Charlie B. Griffin Sr	
STREET ADDRESS	7457 Smokey Ave	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	T	<input type="checkbox"/> Delete
NAME	Eriline Wingate	
STREET ADDRESS	1305 W 33rd St	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	T	<input type="checkbox"/> Delete
NAME	Evon Henderson	
STREET ADDRESS	3051 Moncriet Road	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000 (904) 924-0640

Date

Daytime Phone #

CR2E037 (9/99)