

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90005 037 ***150.00

DOCUMENT # P00000036219

1. Entity Name

FIRST COAST OF SAVANNAH, INC.

Principal Place of Business

9951 ATLANTIC BLVD. Ste #235
 ST. AUGUSTINE FL 32225

9951 ATLANTIC BLVD. Ste #235
 ST. AUGUSTINE FL 32225

2. Principal Place of Business

9951 Atlantic Blvd
 Suite, Apt. #, etc.
 Ste 235

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

4. FEI Number

59-3684753

Applied For

Not Applicable

Zip

32225

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	De	<input type="checkbox"/> Delete
NAME	Theresa Minchew	
STREET ADDRESS	908 Moss Way	
CITY-ST-ZIP	Valdosta, GA 31602	
TITLE	De	<input type="checkbox"/> Delete
NAME	Ridge Sink	
STREET ADDRESS	8160 Bay Meadows Way W Ste 110	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	De	<input type="checkbox"/> Delete
NAME	Beaver Smith	
STREET ADDRESS	1644 Duke of Windsor Rd	
CITY-ST-ZIP	Virginia Beach, FL 23454	
TITLE	Sec	<input type="checkbox"/> Delete
NAME	Peter Barli	
STREET ADDRESS	9951 ATLANTIC BLVD. Ste #235	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)