

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

06-29-2001 90005 038 \*\*\*150.00

**DOCUMENT # P00000036221**

1. Entity Name  
**FIRST COAST OF TALLAHASSEE, INC.**

Principal Place of Business  
**9951 ATLANTIC BLVD. Ste #235**  
**JACKSONVILLE FL 32225**

**Peter Barli**  
**9951 ATLANTIC BLVD. Ste #235**  
**JACKSONVILLE FL 32225**

**- A0075413**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>9951 Atlantic Blvd</b> Suite, Apt. #, etc. <b>Ste 235</b>		3. Mailing Address City & State <b>Jacksonville, FL</b> Zip <b>32225</b>		4. FEI Number <b>59-3680610</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND RD.</b> <b>PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>Beauren Smith</b> <b>1644 Duke of Windsor Rd.</b> <b>Virginia Beach, VA 23454</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Peter Barli</b> <b>9951 Atlantic Blvd Ste #235</b> <b>Jacksonville, FL 32225</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>Mary Walker Smith</b> <b>1644 Duke of Windsor Rd.</b> <b>Virginia Beach, VA 23454</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>Molly Smith</b> <b>1644 Duke of Windsor Rd.</b> <b>Virginia Beach, VA 23454</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>Bobby Smith</b> <b>1644 Duke of Windsor Rd.</b> <b>Virginia Beach, VA. 23454</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>John Schrowang</b> <b>7833 Mc Clure Street</b> <b>Tallahassee, FL 32312</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>Anthony T. Sleiman</b> <b>6970 Armour's Drive</b> <b>Jacksonville, FL 32217</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Peter Barli** Date: **6/29/01** Daytime Phone #: **904 725 0887**

CR2E034 (10/00)

# 2001 UNIFORM BUSINESS REPORT (UBR)

Attachment Doc#

P000000036221

A00154113

DOCUMENT # P000000036221

1. Entity Name

First Coast of Tallahassee, Inc.

Principal Place of Business

9951 Atlantic Blvd. Ste #235  
Jacksonville, FL 32225

Mailing Address

Peter Barli  
9951 Atlantic Blvd. Ste #235  
Jacksonville FL 32225

2. Principal Place of Business

9951 Atlantic Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste # 235

City & State

Jacksonville, FL

City & State

Zip

Zip

32225

Country

US

Country

4. FEI Number

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

CT Corporation System  
1200 S. Pine Island Rd.  
Plantation, FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME Joseph Sleiman  
STREET ADDRESS 9100 Bayhill Blvd.  
CITY-ST-ZIP Orlando, FL 32819

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

TITLE ☐ Delete  
NAME Eli T. Sleiman, JR.  
STREET ADDRESS 12362 Mandarin Rd.  
CITY-ST-ZIP Jacksonville, FL 32223

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

TITLE ☐ Delete  
NAME Peter D. Sleiman  
STREET ADDRESS 6144 San Jose Blvd.  
CITY-ST-ZIP Jacksonville, FL 32217

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)