

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90226 024 \*\*\*150.00

0030841 AV

**DOCUMENT # P00000036221**

1. Entity Name

**FIRST COAST OF TALLAHASSEE, INC.**

Principal Place of Business

**9951 ATLANTIC BLVD  
 SUITE 235  
 JACKSONVILLE FL 32225**

Mailing Address

**9951 ATLANTIC BLVD  
 SUITE 235  
 JACKSONVILLE FL 32225**

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 **59-3680610**

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

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

7. Name and Address of New Registered Agent

**Barli, Peter  
 9951 Atlantic Blvd. Ste 235  
 Jacksonville, FL 32225**

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	SMITH, BEAVEN	
STREET ADDRESS	1644 DUKE OF WINDSOR ROAD	
CITY-ST-ZIP	VIRGINIA BEACH VA 23454	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARY WALKER	
STREET ADDRESS	1644 DUKE OF WINDSOR ROAD	
CITY-ST-ZIP	VIRGINIA BEACH VA 23454	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MOLLY	
STREET ADDRESS	1644 DUKE OF WINDSOR ROAD	
CITY-ST-ZIP	VIRGINIA BEACH VA 23454	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, BOBBY	
STREET ADDRESS	1644 DUKE OF WINDSOR ROAD	
CITY-ST-ZIP	VIRGINIA BEACH VA 23454	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHROWANE, JOHN	
STREET ADDRESS	7833 MCCLURE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLEIMAN, ANTHONY T	
STREET ADDRESS	6970 ALMOURS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barli, Peter	
STREET ADDRESS	9951 Atlantic Blvd. Ste 235	
CITY-ST-ZIP	Jacksonville, FL 32225	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/2002 904-725-0887

CR2E034 (9/01)