

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90240 014 \*\*\*150.00

**DOCUMENT # P95000016501**

1. Entity Name

**FIRST COAST PREMIER GROUP, INC.**

Principal Place of Business

Mailing Address

~~707 MILL CREEK RD.~~  
~~#100~~  
~~JACKSONVILLE FL 32211~~

~~707 MILL CREEK RD.~~  
~~#100~~  
~~JACKSONVILLE FL 32211-6400~~  
~~US~~

2. Principal Place of Business

**6639 SOUTHPOINT PKWY**

Suite, Apt. #, etc.

**Suite 107**

City & State

**JACKSONVILLE**

Zip

**FL**

Country

**32216**

3. Mailing Address

**SAME AS NEW PLACE**

Suite, Apt. #, etc.

**OF BUSINESS**

City & State

**JACKSONVILLE**

Zip

**32216**

Country

**USA**

4. FEI Number

**59-3301472**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOYLE, WILLIAM E**

**1301 RIVERPLACE BLVD 2002 SOUTHSIDE BLVD.**

**STE 2000**

**JACKSONVILLE FL 32207**

**STE 201**

**32216**

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, 2000 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	COBC	<input type="checkbox"/> Delete
NAME	HEATH, ROBERT K	
STREET ADDRESS	13488 PRINCESS KELLY DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	PCOO	<input type="checkbox"/> Delete
NAME	MYERS, WILLIAM P	
STREET ADDRESS	812 QUEENS HARBOUR BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	POOLE, JAMES G	
STREET ADDRESS	1212 TRAILWOOD DR	
CITY-ST-ZIP	NEPTUNE BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT / CEO	<input checked="" 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:

*James G. Poole*

**JAMES G. POOLE, EVP**

**2/17/2000**

**904-281-2222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)