

# 2002 UNIFORM BUSINESS REPORT (UBR)

0025621 AV

DOCUMENT # P96000012246

1. Entity Name  
FIRST COAST ASSET MANAGEMENT COMPANY, INC.

FILED

03 JUL -8 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
4901 ATLANTIC BLVD.  
JACKSONVILLE FL 32207

Mailing Address  
4901 ATLANTIC BLVD.  
JACKSONVILLE FL 32207



2. Principal Place of Business

1015 ATLANTIC BLVD

Suite, Apt. #, etc.

SUITE 124

City & State

ATLANTIC BEACH FL

Zip

32233

Country

USA

3. Mailing Address

1015 ATLANTIC BLVD

Suite, Apt. #, etc.

SUITE 124

City & State

ATLANTIC BEACH FL

Zip

32233

Country

USA

REINSTATEMENT 02-03  
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3364211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WETHERHOLD, GARY R  
316 OCEANWALK DR N  
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name  
BETH N. PATTERSON CPA PA

Street Address (P.O. Box Number is Not Acceptable)

1304 GLENGARRY ROAD

City

JACKSONVILLE FL 3

FL

Zip Code

32207

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 BETH N. PATTERSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/30/03

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 P ☐ Delete  
NAME WETHERHOLD, PAMELA  
STREET ADDRESS 316 OCEANWALK DR N  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE VP ☐ Delete  
NAME WETHERHOLD, GARY R  
STREET ADDRESS 316 OCEANWALK DR N  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1015 ATLANTIC BLVD SUITE 124  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1015 ATLANTIC BLVD SUITE 124  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800021464568  
CITY-ST-ZIP 07/10/03--01064--003 \*\*1100.00

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

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

TITLE ☐ Change ☐ 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: GARY R Wetherhold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-03

Date

Daytime Phone #

CR2E034 (9/01)