

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041455

1. Entity Name

FIRST COAST FINANCIAL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

935-2 A1A NORTH
PONTE VEDRA BEACH FL 32082

935-2 A1A NORTH
PONTE VEDRA BEACH FL 32082

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

59-3378305

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

SAN JUAN, DAVID A
935-2 A1A NORTH
PONTE VEDRA BEACH FL 32082

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 ☒ Delete
NAME SAN JUAN, DAVID A
STREET ADDRESS 935-2 A1A NORTH
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☒ Change ☐ Additio
NAME PRESIDENT
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME EVP
STREET ADDRESS COMOLLO, THOMAS
CITY-ST-ZIP 935-2 A1A NORTH
PONTE VEDRA BEACH FL

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

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TITLE ☐ Change ☐ Additio
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 #

1-28-00

904 285 0045

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90043 007 ***150.00

00000001



DO NOT WRITE IN THIS SPACE