

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

0007989 AV

DOCUMENT # P96000041455

1. Entity Name

FIRST COAST FINANCIAL ASSOCIATES, INC.

03-27-2002 90021 050 ***150.00

Principal Place of Business

**5150 PALM VALLEY ROAD
SUITE 302
PONTE VEDRA BEACH FL 32082**

Mailing Address

**5150 PALM VALLEY ROAD
SUITE 302
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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAN JUAN, DAVID A
902 E. 11th NORTH
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name **SAN JUAN DAVID**

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

5150 PALM VALLEY ROAD STE 302

City **PONTE VEDRA BEACH**

FL

Zip Code **32082**

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** ☐ Delete
NAME **SAN JUAN, DAVID A**
STREET ADDRESS **5150 PALM VALLEY ROAD, STE 302**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **EVP** ☐ Delete
NAME **COMOLLO, THOMAS**
STREET ADDRESS **5150 PALM VALLEY ROAD, STE 302**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

Thomas Comollo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02
Date

904 285 0048 x5
Daytime Phone #

CR2E034 (9/01)