

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042115

1. Entity Name

FIRST COAST REALTY CORP.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90190 014 ***150.00

Principal Place of Business

10391-6 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32257

Mailing Address

10391-6 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32257

2. Principal Place of Business

12428 San Jose Blvd.

Suite, Apt. #, etc.
suite 1

3. Mailing Address

12428 San Jose Blvd.

Suite, Apt. #, etc.
suite 1

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3379053

Applied For

Not Applicable

Zip

32223

Country

Duval

Zip

32223

Country

Duval

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

CORNTHWAITE, JOHN H
10391-6 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32257

Name

Cornthwaite, John H

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

12428 San Jose Blvd. suite 1

City

Jacksonville

FL

Zip Code

32223

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 PD
NAME COORNTHWAITE, JOHN H
STREET ADDRESS 10391-6 OLD ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE PD ☒ Change ☐ Addition
NAME CORNTHWAITE, JOHN H
STREET ADDRESS 12428 SAN JOSE BLVD. suite 1
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE TS
NAME CORNTHWAITE, JOHN S
STREET ADDRESS 10391-6 OLD ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE TS ☒ Change ☐ Addition
NAME CORNTHWAITE, JOHN S
STREET ADDRESS 12428 SAN JOSE BLVD. suite 1
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE VM
NAME CORNTHWAITE, MILDRED J
STREET ADDRESS 10391-6 OLD ST. AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE VM ☒ Change ☐ Addition
NAME CORNTHWAITE, MILDRED J
STREET ADDRESS 12428 SAN JOSE BLVD. suite 1
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

JOHN H. CORNTHWAITE

04/19/00

(904)880-7653

Date

Daytime Phone #

CR2E034 (9/99)