

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071423

1. Entity Name

FIRST COAST CHILDREN'S ORCHARD INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90127 012 \*\*\*150.00

00001489



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business                      | Mailing Address  |
| 1444 BCH BLVD<br>STE 57<br>JACKSONVILLE FL 32250 | 14444 BCH BLVD<br>STE 57<br>JACKSONVILLE FL 32250-2010<br>US |

|                                |         |                                  |         |
|--------------------------------|---------|----------------------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address               |         |
| Suite, Apt. #, etc.            |         | 2068 Spoonbill St                |         |
| City & State                   |         | City & State<br>Jacksonville, FL |         |
| Zip                            | Country | Zip                              | Country |
|                                |         | 32224                            | USA     |

|   |            |                                |
|---|------------|--------------------------------|
| 4. FEI Number   | 59-3396776 | Applied For                    |
|   |            | Not Applicable                 |
| 5. Certificate of Status Desired <input type="checkbox"/> |            | \$8.75 Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent             |
| GUPTON, C J<br>11127 LEM TURNER RD<br>JACKSONVILLE FL 32218 |

|  |
|--|
| 7. Name and Address of New Registered Agent        |
| 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 - N/A -  
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 <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HERRIN, JODIE M                    | NAME  |   |
| STREET ADDRESS             | 2068 SPOONBILL ST                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | JACKSONVILLE FL 32224              | CITY-ST-ZIP   |   |
| TITLE                      | VD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HERRIN, KEITH                      | NAME  |   |
| STREET ADDRESS             | 2068 SPOONBILL ST                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | JACKSONVILLE FL 32224              | CITY-ST-ZIP   |   |
| TITLE                      | T <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COLE, JANICE                       | NAME  |   |
| STREET ADDRESS             | 3554 LEESTONE RD                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | CALLAHAN FL                        | CITY-ST-ZIP   |   |
| TITLE                      | S <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SWINK, TERESA                      | NAME  |   |
| STREET ADDRESS             | 202 NO 18TH ST                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                | JACKSONVILLE FL                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | 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] 2/2/00 904-443-3558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)