2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000085678** Aug 04, 2000 8:00 am Secretary of State 1. Entity Name FIRST COAST REAL ESTATE COMPANY, INC. 08-04-2000 90005 042 ***558.75 Mailing Address Principal Place of Business 24 NORTH MARKET ST 24 NORTH MARKET ST **SUITE #405** SHITE #405 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3407624 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WETHERHOLD, GARY R Street Address (P.O. Box Number is Not Acceptable) 316 OCEANWALK DRIVE NORTH ATLANTIC BEACH FL 32233 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (5/00) ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME WETHERHOLD, GARY R NAME STREET ADDRESS STREET ADDRESS 316 OCEANWALK DR NORTH CITY-ST-ZIP CITY-ST-7IP ATLANTIC BEACH FL ☐ Delete TITLE Change ☐ Addition TITLE WETHERHOLD, PAMELA J NAME NAME STREET ADDRESS STREET ADDRESS 316 OCEANWALK DRIVE NORTH CITY-ST-ZIP CITY-ST-ZIP ATLANTIC BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME SHAW, JOHN C NAME STREET ADDRESS STREET ADDRESS 1731 PARK TERRACE EAST CITY-ST-ZIP CITY-ST-ZIP ATLANTIC BEACH FL Change ☐ Addition TITLE ☐ Delete TITLE WETHERHOLD, GARY R NAME NAME STREET ADDRESS STREET ADDRESS 316 OCEANWALK DR NORTH CITY-ST-ZIP CITY-ST-ZIP ATLANTIC BEACH FL Change ☐ Addition ☐ Delete TITLE TITLE SHAW; ROMY L NAME NAME STREET ADDRESS STREET ADDRESS 1731 PARK TERRACE EAST CITY-ST-ZIP CITY-ST-ZIP ATLANTIC BEACH FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP