

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90085 022 ***158.75

DOCUMENT # P96000085678

1. Entity Name
FIRST COAST REAL ESTATE COMPANY, INC.

Principal Place of Business

4901 ATLANTIC BLVD
JACKSONVILLE FL 32207
US

Mailing Address

4901 ATLANTIC BLVD
JACKSONVILLE FL 32207
US

2. Principal Place of Business

5651 Colcord Ave

Suite, Apt. #, etc.

3. Mailing Address

5651 Colcord Ave

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number **59-3407624**

Applied For

Not Applicable

Zip **32211**

Country **US**

Zip **32211**

Country **US**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WETHERHOLD, GARY R
316 OCEANWALK DRIVE NORTH
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name **Gary Ronald Wetherhold**
Street Address (P.O. Box Number is Not Acceptable) **5651 Colcord Ave**
City **JACKSONVILLE** **FL** **Zip Code** **32211**

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 

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution:

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WETHERHOLD, GARY R	
STREET ADDRESS	316 OCEANWALK DR NORTH	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WETHERHOLD, PAMELA J	
STREET ADDRESS	316 OCEANWALK DRIVE NORTH	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHAW, JOHN C	
STREET ADDRESS	13903 CAPT HOOK DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WETHERHOLD, GARY R	
STREET ADDRESS	316 OCEANWALK DR NORTH	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHAW, ROMY L	
STREET ADDRESS	13903 CAPT HOOK DRIVE N	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Ronald Wetherhold	
STREET ADDRESS	5651 Colcord Ave	
CITY-ST-ZIP	JACKSONVILLE, FL. 32211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN C. SHAW	
STREET ADDRESS	5651 Colcord Ave	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Romy L. Shaw	
STREET ADDRESS	5651 Colcord Ave	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)