

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

06-29-2001 90005 043 \*\*\*150.00

DOCUMENT # **996000097029**  
 1. Entity Name  
**First Coast of Orange Park, INC.**

Principal Place of Business **9951 Atlantic Blvd Ste #235 Jacksonville, FL 32225**  
 Mailing Address **Peter Barli 9951 Atlantic Blvd Ste #235 Jacksonville, FL 32225**

2. Principal Place of Business  
**9951 Atlantic Blvd.**

3. Mailing Address

Suite, Apt. #, etc.  
**Ste #235**

Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**

City & State

Zip  
**32225**

Country  
**U.S.**

Zip

Country

4. FEI Number

**52-2007172**

Applied For

Not Applicable

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

**CT Corporation System  
 1200 S. Pine Island Rd.  
 Plantation, FL 33324**

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

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, 2001 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 ☐ Delete  
 NAME **D Rowell, Kevin**  
 STREET ADDRESS **2645 Song Winter Lane**  
 CITY-ST-ZIP **Oakland TWP., MI 48363**

TITLE ☐ Change ☐ Addition  
 NAME **Sec Peter Barli**  
 STREET ADDRESS **9951 Atlantic Blvd Ste #235**  
 CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE ☐ Delete  
 NAME **D Attinger, Bruce**  
 STREET ADDRESS **19444 East Lakeway**  
 CITY-ST-ZIP **Baton Rouge, LA 70810**

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

TITLE ☐ Delete  
 NAME **D Sink, Ridge**  
 STREET ADDRESS **8160 Bay Meadows Way W #110**  
 CITY-ST-ZIP **Jacksonville, FL 32256**

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

TITLE ☐ Delete  
 NAME **D Sleiman, Tony**  
 STREET ADDRESS **4347-10 University Blvd.**  
 CITY-ST-ZIP **Jacksonville, FL 32216**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**Peter Barli**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/01 904 725 0887**

CR2E034 (11/00)