

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90076 028 ***150.00

DOCUMENT # P96000097029

1. Entity Name

FIRST COAST OF ORANGE PARK, INC.



Principal Place of Business

9951 ATLANTIC BLVD
SUITE 205
JACKSONVILLE FL 32225
US

Mailing Address

PETER BARLI
9951 ATLANTIC BLVD. SUITE 205
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 234

Suite, Apt. #, etc.

Suite 234

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2007172

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROWELL, KEVIN	
STREET ADDRESS	2645 LONG WINTER LANE	
CITY-ST-ZIP	OAKLAND MI 48363	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLEIMAN, TONEY	
STREET ADDRESS	4347-10 UNIVERSITY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 33216	
TITLE	D	<input type="checkbox"/> Delete
NAME	ATTINGER, BRUCE	
STREET ADDRESS	19444 E LAKEWAY	
CITY-ST-ZIP	BATON ROUGE LA 70810	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINK, RIDGE	
STREET ADDRESS	8160 BAYMEADOWS WAY W STE 110	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARLI, PETER	
STREET ADDRESS	9951 ATLANTIC BLVD, SUITE 235	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 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

3/17/03

904-225-0887

CR2E034 (10/02)