

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022119

1. Entity Name
FIRST COAST MEDIATORS, P.A.

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90163 028 ***150.00

Principal Place of Business
25 FLORIDA PARK DRIVE
PALM COAST FL 32137

Mailing Address
25 FLORIDA PARK DRIVE
PALM COAST FL 32137

00045773



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2 Office Park Dr. Suite 17
Suite, Apt. #, etc.
5-10 A-17

3. Mailing Address
2 Office Park Dr. Suite 17
Suite, Apt. #, etc.
5-10 A-17

City & State
Palm Coast, FL
Zip
32137
Country
U.S.A

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4. FEI Number 59-3505859
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DONALD W. DUNCAN, P.A.
25 FLORIDA PARK DRIVE
PALM COAST FL 32137

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUNCAN, DONALD W P.O. BOX 352411 PALM COAST FL 32135-2411 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANDERSEN, L. SHANNON 134 HERNANDEZ AVENUE PALM COAST FL 32137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Barney D. Spurlock 20 Office Park Drive, Suite 17 Palm Coast, FL 32137 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)