

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050282

1. Entity Name  
**FIRST COAST BOAT MART, INC.**

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90021 050 \*\*\*150.00

Principal Place of Business  
**8120 BEACH BLVD  
JACKSONVILLE FL 32216**

Mailing Address  
**8120 BEACH BLVD  
JACKSONVILLE FL 32216**

2. Principal Place of Business

**8200 Beach Blvd**  
Suite, Apt. #, etc.

3. Mailing Address

**8200 Beach Blvd**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Jacksonville FL**

Zip  
**32216**

Country  
**USA**

City & State  
**Jacksonville FL**

Zip  
**32216**

Country  
**USA**

4. FEI Number **59-3520033**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MACY, CHARLES F  
964 BAYSIDE BLUFF  
JACKSONVILLE FL 32359**

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 \_\_\_\_\_  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
MACY, CHARLES F  
964 BAYSIDE BLUFF  
JACKSONVILLE FL 32259** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
MACY, PHYLLIS J  
964 BAYSIDE BLUFF  
JACKSONVILLE FL 32259** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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: Charles F. Macy Charles F. Macy 3/01 904 805 9993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)