

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045407

1. Entity Name

FIRST COAST OF MYRTLE BEACH, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90041 037 ***150.00

Principal Place of Business

Mailing Address

9840 ATLANTIC BLVD.
JACKSONVILLE FL 32225

9840 ATLANTIC BLVD.
JACKSONVILLE FL 32225-6536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-3009750

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, 2000 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	<input type="checkbox"/> Delete
NAME	F BEAVER SMITH
STREET ADDRESS	1644 Duke of Windsor Rd
CITY-ST-ZIP	VIRGINIA BEACH VA 23454
TITLE	<input type="checkbox"/> Delete
NAME	FRANK ATTINGER
STREET ADDRESS	65 Ponte Verda Colony Cir
CITY-ST-ZIP	Ponte Verda FL 32082
TITLE	<input type="checkbox"/> Delete
NAME	BRUCE ATTINGER
STREET ADDRESS	1944 EAST LAKEWAY
CITY-ST-ZIP	BATON ROUGE LA 70810
TITLE	<input type="checkbox"/> Delete
NAME	JOHN FAILES
STREET ADDRESS	301 PARK ROAD
CITY-ST-ZIP	PORTSMOUTH VA 23707
TITLE	<input type="checkbox"/> Delete
NAME	FRANK BEAMER
STREET ADDRESS	3005 WAKEFIELD DRIVE
CITY-ST-ZIP	BLACKSBURG VA 24060
TITLE	<input type="checkbox"/> Delete
NAME	RIOBE SINK
STREET ADDRESS	8160 BAYMEADOW WAY WEST #110
CITY-ST-ZIP	JACKSONVILLE FL 32256

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	

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 *Peter Barli* *3/10/2000* *904 645-1769*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)