

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90174 045 \*\*\*150.00

**DOCUMENT # P99000080823**

1. Entity Name

**FLORIDA COASTAL BROKERAGE, INC.**

Principal Place of Business

**4475 US 1 SOUTH #203  
 ST. AUGUSTINE FL 32086**

Mailing Address

**4475 US 1 SOUTH #203  
 ST. AUGUSTINE FL 32086**

2. Principal Place of Business

**2730 US 1 South**

Suite, Apt. #, etc.

**Suite 0**

City & State

**St. Augustine, FL**

Zip

Country

**32086**

**USA**

3. Mailing Address

**2730 US 1 South**

Suite, Apt. #, etc.

**Suite 0**

City & State

**St. Augustine, FL**

Zip

Country

**32086**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3598081**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PELLICER, CHARLES E ESQ.  
 28 CORDOVA STREET  
 ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name **Maurice J. Kophamer**  
 Street Address (P.O. Box Number is Not Acceptable) **2730 US 1 South**  
**Suite 0**  
 City **St. Augustine, FL** Zip Code **32086**

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

*Maurice J. Kophamer*

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

(NOTE: Registered Agent signature required when reinstating)

**4/24/02**  
 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, 2002 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	PD	<input checked="" type="checkbox"/> Delete
NAME	HAYNES, LOIS L	
STREET ADDRESS	661 CR 13 SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ROUNDS, SANDRA G	
STREET ADDRESS	601 KETTNER COURT	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lois L. Kophamer	
STREET ADDRESS	64 Magnolia Dunes Circle	
CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maurice J. Kophamer	
STREET ADDRESS	64 Magnolia Dunes Circle	
CITY-ST-ZIP	St. Augustine, FL 32080	
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

*Maurice J. Kophamer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/02**  
 Date

**904-794-0855**  
 Daytime Phone #

CR2E034 (9/01)

Attachment Doc # 99000080823

854204

Department of Health • Vital Statistics  
**STATE OF FLORIDA**  
**MARRIAGE RECORD**  
 TYPE IN UPPER CASE  
 USE BLACK INK

This license not valid unless seal of Clerk,  
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

Public Records of  
 St. Johns County, FL  
 Clerk# 01-006517  
 O.R. 1566 PG 1732  
 09:07AM 02/14/2001  
 REC \$0.00 SUR \$0.00

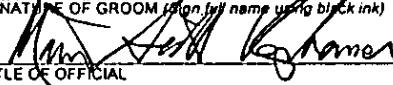

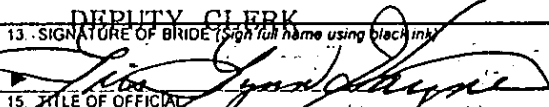
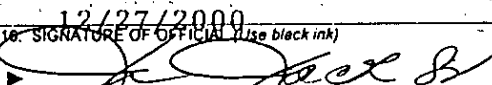
20001357

(APPLICATION NUMBER)

## APPLICATION TO MARRY

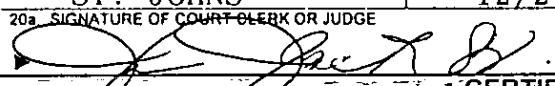
1. GROOM'S NAME (First, Middle, Last) <b>MAURICE SCOTT KOPHAMER</b>			2. DATE OF BIRTH (Month, Day, Year) <b>10/30/1952</b>		
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>ST AUGUSTINE</b>		3b. COUNTY <b>ST JOHNS</b>		3c. STATE <b>FLORIDA</b>	
5a. BRIDE'S NAME (First, Middle, Last) <b>LOIS LYNN HAYNES</b>			5b. MAIDEN SURNAME (If different) <b>GREEN</b>		
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>ST AUGUSTINE</b>		7b. COUNTY <b>ST JOHNS</b>		7c. STATE <b>FLORIDA</b>	
			4. BIRTHPLACE (State or Foreign Country) <b>CALIFORNIA</b>		
			6. DATE OF BIRTH (Month, Day, Year) <b>05/10/1953</b>		
			8. BIRTHPLACE (State or Foreign Country) <b>PENNSYLVANIA</b>		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) 		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>12/27/2000</b>	
11. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		12. SIGNATURE OF OFFICIAL (Use black ink) 	
13. SIGNATURE OF BRIDE (Sign full name using black ink) 		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>12/27/2000</b>	
15. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		16. SIGNATURE OF OFFICIAL (Use black ink) 	

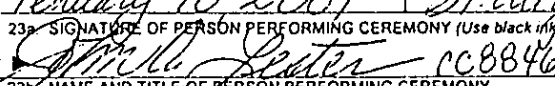
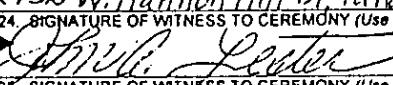

## LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

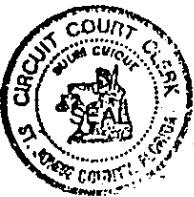
17. COUNTY ISSUING LICENSE <b>ST. JOHNS</b>		18. DATE LICENSE ISSUED <b>12/27/2000</b>		18a. DATE LICENSE EFFECTIVE <b>12/30/2000</b>		19. EXPIRATION DATE <b>02/28/2001</b>	
20a. SIGNATURE OF COURT CLERK OR JUDGE 				20b. TITLE <b>CLERK OF CIRCUIT COURT</b>		20c. BY D.C. <b>JAJ</b>	

## CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) <b>February 10 2001</b>		22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>St. Augustine, Florida</b>	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 		23c. ADDRESS (Of person performing ceremony) <b>2752 W. Hannon Hill Dr. Tallahassee, FL 32308</b>	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) <b>JOHN A. LESTER Notary Public, State of Florida CC884656 My comm. exp. Oct. 31, 2003</b>		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED



SEAL