

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080895

1. Entity Name

FIRST COAST ARRANGEMENTS OF FLORIDA, INC.

FILED

Jan 24, 2000 8:00 am  
Secretary of State

01-24-2000 90011 045 \*\*\*158.75

Principal Place of Business Mailing Address  
2121 CORPORATE SQUARE BLVD., STE. 112 2121 CORPORATE SQUARE BLVD., STE. 112  
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216-1977

2. Principal Place of Business 3. Mailing Address  
9452 PHILIPS HWY. 9452 PHILIPS HWY.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
#6 SUITE #6  
City & State City & State  
JACKSONVILLE FL JACKSONVILLE FL  
Zip Country Zip Country  
32256 32256



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3594675 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORDER, VICKIE JEAN  
2136 SEAHAWK DR.  
PONTE VEDRA BEACH FL 32082

Vice Pres. of Sales

## 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

Vickie Corder

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

(NOTE: Registered Agent signature required when reinstating)

1-11-2000

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

Vice President of Operations  
Brenda Berib  
3275 Twisted Oaks Lane Jay, FL 32208  
Brandon Woods  
Vice Pres. of Sales & Marketing  
12736 Caribou Court Jay, FL 32246

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:

BRENDAN M. BOILING, CMP

Vice Pres. of Operations

1/11/2000

904-262-4810

Date

Daytime Phone #