

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S00597

1. Entity Name

FIRST COAST DISTRIBUTORS, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90097 005 \*\*\*150.00

Principal Place of Business

1945 S.R. 16  
ST. AUGUSTINE FL 32095  
US

Mailing Address

P O BOX 2220  
ST. AUGUSTINE FL 32085-2220  
US

2. Principal Place of Business

103 W 5th Johns Ave  
Suite, Apt. #, etc.

3. Mailing Address

P O Box 670  
Suite, Apt. #, etc.

City & State

Nastings FL

City & State

Nastings FL

4. FEI Number

59-3027741

Applied For

Not Applicable

Zip

32145

Country

Zip

32145

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, WM. MARTIN, III  
1945 STATE ROAD 16  
ST. AUGUSTINE FL 32095

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, 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

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | V                        | <input type="checkbox"/> Delete |
| NAME           | SANDERS, WM. MARTIN, III |                                 |
| STREET ADDRESS | 3921 BARBARA TERRACE     |                                 |
| CITY-ST-ZIP    | ST. AUGUSTINE FL         |                                 |
| TITLE          | P                        | <input type="checkbox"/> Delete |
| NAME           | SANDERS, LYNDIA S.       |                                 |
| STREET ADDRESS | 3921 BARBARA TERRACE     |                                 |
| CITY-ST-ZIP    | ST. AUGUSTINE FL         |                                 |
| 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          |                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                   |  |
| STREET ADDRESS | 6110 SR 207       |  |
| CITY-ST-ZIP    | ELKHART, FL 32033 |  |
| TITLE          |                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                   |  |
| STREET ADDRESS | 6110 SR 207       |  |
| CITY-ST-ZIP    | ELKHART, FL 32033 |  |
| 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:

*Lyndia S. Sanders*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

Date

904-692-1655

Daytime Phone #

CR2E034 (9/99)