

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V69613

1. Entity Name

SOUTHCOAST CAPITAL CORPORATION

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90139 042 \*\*\*150.00

Principal Place of Business

Mailing Address

1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE FL 32202-5009  
US

1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE FL 32202-5009  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3149323**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KREIS, ROBERT R  
1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE FL 32202

Name  
**Shields, David R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1 Independent Drive**  
**Suite 1600**  
City  
**Jacksonville** **FL** **32202**

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

David R. Shields

April 4, 2000

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
LOVETT, W.R. II  
1 INDEPENDENT DRIVE SUITE 1600  
JACKSONVILLE FL 32202-5009 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
LOEB, K L  
1 INDEPENDENT DRIVE SUITE 1600  
JACKSONVILLE FL 32202-5009 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
LOVETT, P.H.  
1 INDEPENDENT DRIVE SUITE 1600  
JACKSONVILLE FL 32202-5009 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
WILLIAMS, L D  
1 INDEPENDENT DRIVE SUITE 1600  
JACKSONVILLE FL 32202-5009 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
Shields, David R.  
1 Independent Drive, Suite 1600  
Jacksonville, Florida 32202 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
KREIS, R R  
1 INDEPENDENT DRIVE SUITE 1600  
JACKSONVILLE FL 32202-5009 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Mello, Jeannine  
1 Independent Drive, Suite 1600  
Jacksonville, FL 32202 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
FANT, L.D. LOVETT  
1 INDEPENDENT DRIVE SUITE 1600  
JACKSONVILLE FL 32202-5009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David R. Shields, V-Pres 4/4/00 (904) 634-8808

Date

Daytime Phone #

CR2E034 (9/99)