

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

04-25-2001 90115 009 ***150.00

DOCUMENT # V69613

1. Entity Name
SOUTHCOAST CAPITAL CORPORATION

Principal Place of Business Mailing Address
1 INDEPENDENT DRIVE **1 INDEPENDENT DRIVE**
SUITE 1600 **SUITE 1600**
JACKSONVILLE FL 32202-5009 **JACKSONVILLE FL 32202-5009**
US **US**

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 **59-3149323** 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

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

Name **Shields, DAVID R.**
Street Address (P.O. Box Number is Not Applicable)
1 Independent Drive
Suite 1600
City **Jacksonville** FL Zip Code **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  DATE **5/10/01**

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, 2001 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOEB, K L 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202-5009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOVETT, P.H. 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202-5009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT SHIELDS, DAVID 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202-5009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MELLO, JEANNINE 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202-5009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FANT, L.D. LOVETT 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202-5009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **5/10/01**

CR2E034 (10/00)