

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V69613

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: SOUTHCOAST CAPITAL CORPORATION

Current Principal Place of Business:

230 PEACHTREE ST., NW, SUITE 1440
ATLANTA, GA 303031515 US

New Principal Place of Business:

ONE INDEPENDENT DR
SUITE 1600
JACKSONVILLE, FL 32233 US

Current Mailing Address:

230 PEACHTREE ST., NW, SUITE 1440
ATLANTA, GA 303031515 US

New Mailing Address:

ONE INDEPENDENT DR
SUITE 1600
JACKSONVILLE, FL 32233 US

FEI Number: 59-3149323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, DAVID R
1 INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOVETT, W.R. II
Address: 230 PEACHTREE ST., NW, SUITE 1440
City-St-Zip: ATLANTA, GA 303031515

Title: VD () Delete
Name: LOEB, K L
Address: 230 PEACHTREE ST., NW, SUITE 1440
City-St-Zip: ATLANTA, GA 303031515

Title: VD () Delete
Name: LOVETT, P.H.
Address: 230 PEACHTREE ST., NW, SUITE 1440
City-St-Zip: ATLANTA, GA 303031515

Title: VT () Delete
Name: SHIELDS, DAVID
Address: 230 PEACHTREE ST., NW, SUITE 1440
City-St-Zip: ATLANTA, GA 303031515

Title: S () Delete
Name: MELLO, JEANNINE
Address: 230 PEACHTREE ST., NW, SUITE 1440
City-St-Zip: ATLANTA, GA 303031515

Title: VD () Delete
Name: FANT, L.D. LOVETT
Address: 230 PEACHTREE ST., NW, SUITE 1440
City-St-Zip: ATLANTA, GA 303031515

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R. SHIELDS

VT

05/01/2002

Electronic Signature of Signing Officer or Director

Date