

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90321 011 ****61.25

DOCUMENT # 713023

1. Entity Name

SOUTHERN GENEALOGIST'S EXCHANGE SOCIETY, INC.

Principal Place of Business

1580 BLANDING BLVD.
JACKSONVILLE FL 32205

Mailing Address

P.O. BOX 2801
JACKSONVILLE FL 32203

2. Principal Place of Business

6215 SAUTRANE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

Zip

32210

Country

USA

Zip

Country

4. FEI Number

59-6215576

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRANT, CHARLES W
112 W ADAMS ST.
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

HOMER YOUNG

Street Address (P.O. Box Number is Not Acceptable)

2822 BIRCHWOOD DR

City

ORANGE PARK

FL

Zip Code

32073

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

HOMER YOUNG

Homer Young

1 FEB 2001

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, JON R	
STREET ADDRESS	1278 WOLFE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32205-8306	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, HOMER	
STREET ADDRESS	2822 BIRCHWOOD DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BONNER, MAUDE E GENE	
STREET ADDRESS	7951 MCCLELLAND RD	
CITY-ST-ZIP	JACKSONVILLE FL 32234-2701	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BILLY, JANICE	
STREET ADDRESS	1757 GLENDALE ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FINN, KATHY S	
STREET ADDRESS	5711 CEDAR OAKS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210-3884	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DOUGLAS, SHIRLEY	
STREET ADDRESS	7948 TRIUMPH LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32244-2402	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, HOMER	
STREET ADDRESS	2822 BIRCHWOOD DR	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STINCHCOMB, JOHN	
STREET ADDRESS	9156 TAYLOR FIELD	
CITY-ST-ZIP	JACKSONVILLE, FL 32222	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOEFFLER, ELIZABETH	
STREET ADDRESS	6923 DEAUVILLE ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLY, JANICE	
STREET ADDRESS	1757 GLENDALE ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, ELIZABETH	
STREET ADDRESS	2802 PUGERHOLLY LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, SHIRLEY	
STREET ADDRESS	7948 TRIUMPH LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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
HOMER YOUNG

1 FEB 2001 904-778-1000

Date Daytime Phone #

CR2E037 (10/00)