

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713023

1. Entity Name

SOUTHERN GENEALOGIST'S EXCHANGE SOCIETY, INC.

Principal Place of Business Mailing Address
6215 SAUTERNE DRIVE P. O. BOX 2801
JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32203-2801

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

59-6215576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YOUNG, HOMER
2822 BIRCHWOOD DRIVE
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

Name

RUDD, Mary E.

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

1255 Cook Street

City

Jacksonville

FL

Zip Code

32205-8314

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

Mary E. Rudd

(NOTE: Registered Agent signature required when reinstating)

DATE

6 Aug 2001

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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	YOUNG, Homer	
STREET ADDRESS	2822 Birchwood Drive	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STINCHCOMB, John	
STREET ADDRESS	9156 Taylorfield	
CITY-ST-ZIP	Jacksonville, FL 32222	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STOEFLER, Elizabeth	
STREET ADDRESS	6923 Deauville Road	
CITY-ST-ZIP	Jacksonville, FL 32205-4527	
TITLE	T	<input type="checkbox"/> Delete
NAME	BILLY, Janice	
STREET ADDRESS	1757 Glendale Street	
CITY-ST-ZIP	Jacksonville, FL 32205-9368	
TITLE	S	<input type="checkbox"/> Delete
NAME	REED, Elizabeth	
STREET ADDRESS	2802 Everholly Lane	
CITY-ST-ZIP	Jacksonville, FL 32223-0728	
TITLE	S	<input 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	RUDD, Mary E.	
STREET ADDRESS	1255 Cook Street	
CITY-ST-ZIP	Jacksonville, FL 32205-8314	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000004549270--9	
CITY-ST-ZIP	08/22/01--01080--002	
	*****61.25 *****61.25	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOEFLER, Elizabeth	
STREET ADDRESS	6923 Deauville Road	
CITY-ST-ZIP	Jacksonville, FL 32205-4527	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLY, Janice	
STREET ADDRESS	1757 Glendale Street	
CITY-ST-ZIP	Jacksonville, FL 32205-9368	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, Elizabeth	
STREET ADDRESS	2802 Everholly Lane	
CITY-ST-ZIP	Jacksonville, FL 32223-0728	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, Shirley	
STREET ADDRESS	5663 Wolf Creek Drive	
CITY-ST-ZIP	Jacksonville, FL 32222-1388	

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:

Mary E. Rudd

Mary E. Rudd 8/06/01 (904)

CR2E037 (5/01)