

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 766251**

1. Entity Name

**NORTHEAST FLORIDA LEAGUE OF CITIES, INC.**

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90015 008 \*\*\*\*61.25

Principal Place of Business <b>4114 HERSCHEL ST STE 120 JACKSONVILLE FL 32210 US</b>	Mailing Address <b>4114 HERSCHEL ST STE 120 JACKSONVILLE FL 32210-2200 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>12000 Alumni Drive</b>	3. Mailing Address <b>12000 Alumni Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Jacksonville, FL</b>	City & State <b>Jacksonville, FL</b>	4. FEI Number <b>59-2560639</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32224-2678</b>	Country <b>USA</b>	Zip <b>32224-2678</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MULLIS, CLAUDE L 4114 HERSCHEL ST. STE 120 JACKSONVILLE FL 32210</b>		7. Name and Address of New Registered Agent Name <b>Dr. Terry Bowen</b> Street Address (P.O. Box Number is Not Acceptable) <b>12000 Alumni Drive</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32224-2678</b>	
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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 *[Signature]* DATE **03/06/00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>ST</b>	<b>ROYLE, MAX</b> <input type="checkbox"/> Delete	TITLE <b>Executive Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME <b>Terry Bowen</b>	
STREET ADDRESS <b>2110 HEY A1A SOUTH</b>		STREET ADDRESS <b>12000 Alumni Drive</b>	
CITY-ST-ZIP <b>ST AUGUSTINE BCH FL</b>		CITY-ST-ZIP <b>Jacksonville, FL 32224-2678</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<b>JACOB, MARJORIE F.</b> <input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS <b>1775 HIGHWAY 17</b>		STREET ADDRESS	
CITY-ST-ZIP <b>POMONA PARK FL</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<b>SANDERS, GEORGE E.</b> <input checked="" type="checkbox"/> Delete	TITLE <b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME <b>W. Ray Kirkland</b>	
STREET ADDRESS <b>201 N. SECOND ST.</b>		STREET ADDRESS <b>150 North Alachua Street</b>	
CITY-ST-ZIP <b>PALATKA FL</b>		CITY-ST-ZIP <b>Lake City, FL 32055</b>	
TITLE <b>P</b>	<b>GROVES, DWIGHT</b> <input checked="" type="checkbox"/> Delete	TITLE <b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME <b>William J. Lennon, Sr.</b>	
STREET ADDRESS <b>10 U.S. 90 WEST</b>		STREET ADDRESS <b>PO Drawer 210</b>	
CITY-ST-ZIP <b>BALDWIN FL 32234</b>		CITY-ST-ZIP <b>St. Augustine, FL 32085-0210</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<b>BOWLES, JOHN</b> <input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS <b>2042 PARK AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ORANGE PARK FL 32073</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<b>WILLIAMS, JERRY</b> <input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS <b>229 WALNUT ST.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>GREEN COVE SPRINGS FL</b>		CITY-ST-ZIP	

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]* **SIGNATURE REQUIRED** DATE: **3/6/00** DAYTIME PHONE #: **904 620-2260**

CR2E037 (9/99)