

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90007 037 ****70.00

DOCUMENT # N00000006331

1. Entity Name

**THE BOYS & GIRLS CLUB OF NASSAU COUNTY FOUNDATIO
N, INC.**

Principal Place of Business

Mailing Address

**401 CENTRE STREET SECOND FLOOR
FERNANDINA BEACH FL 32034**

**401 CENTRE STREET SECOND FLOOR
FERNANDINA BEACH FL 32034**

2. Principal Place of Business

910 S. 8th Street

3. Mailing Address

PO Box 16003

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Fernandina Beach, FL

City & State

City & State

#103

Fernandina Beach, FL

Zip

Country

Zip

Country

32034

USA

32035

USA

4. FEI Number

59-3672345

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

JACOBS, ARTHUR I

**401 CENTRE STREET SECOND FLOOR →
FERNANDINA BEACH FL 32034 →**

Name

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

910 S. 8th Street #103

City

Fernandina Beach, FL

Zip Code

32034

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **STOFFER, MIKE**
STREET ADDRESS **5542 FIRST COAST HIGHWAY**
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **PD** ☐ Change ☒ Addition
NAME **SABADIE, PATRICK**
STREET ADDRESS **24 BEACH WALKER ROAD**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **VD** ☐ Delete
NAME **TAYLOR, JOHN**
STREET ADDRESS **67 LONG POINT**
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Delete
NAME **MILLER, DAVID F**
STREET ADDRESS **1610 SOUTH 8TH STREET**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **D** ☒ Change ☒ Addition
NAME **MILLER, DAVID F**
STREET ADDRESS **1610 S. 8th Street**
CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **SPAETH, BOB**
STREET ADDRESS **82 MARSH CREEK ROAD**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **GOWER, BILL**
STREET ADDRESS **26 SALT MARSH DRIVE**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D+D** ☐ Change ☒ Addition
NAME **BLAKE, JEFF + JULIE**
STREET ADDRESS **4 HARRISON CREEK ROAD**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

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:

Michael D. Howell Executive Director 26 April 2002 904-261-8666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

