

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90288 015 ****61.25

DOCUMENT # N16716

1. Entity Name

DUVAL TEACHERS UNITED, INC.



Principal Place of Business

**1601 ATLANTIC BLVD.
JACKSONVILLE FL 32207**

Mailing Address

**1601 ATLANTIC BLVD.
JACKSONVILLE FL 32207**

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 **59-1547701**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BRADY, TERRIE
1601 ATLANTIC BLVD
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **EVPO** ☐ Delete
NAME **RUBY, GEORGE**
STREET ADDRESS **1601 ATLANTIC BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VPD** ☐ Delete
NAME **GAMBLE, CAROL B**
STREET ADDRESS **11536 KINGS RIDGE CT S**
CITY-ST-ZIP **JACKSONVILLE FL 32218-8123**

TITLE **VPD** ☐ Delete
NAME **FRIEND, JAN**
STREET ADDRESS **1263 NIPIGON AVENUE NORTH**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **VPD** ☐ Delete
NAME **BENJAMIN, CYNTHIA**
STREET ADDRESS **10606 BISCAYNE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **VPD** ☐ Delete
NAME **VIERS, B. J.**
STREET ADDRESS **1042 BIG PINE KEY**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VPD** ☐ Change ☐ Addition
NAME **Gary Kirkland**
STREET ADDRESS **1811 Indian Woods Dr**
CITY-ST-ZIP **Neptune Beach, FL 32266-5905**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: _____

George Ruby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)