

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

FILED
Sep 05, 2002 8:00 am
Secretary of State

09-05-2002 90042 037 ****61.25

DOCUMENT # N 17217

1. Entity Name

Jacksonville Reef Research Team, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1743 Lisa Avenue

Suite, Apt. #, etc.

3. Mailing Address

P740.LBox 8776ue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fernandina Beach

City & State

Jacksonville Beach

4. FEI Number

592889442

Applied For

Not Applicable

Zip

32034-2058

Country

Nassau

Zip

32203-9270

Country

Duval

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

James D. Nelsen

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

8558 Royal Lakes Drive

City

Jacksonville

FL

Zip Code

32256-8445

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

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	Waters, Alex PD 11828 Tanya Terrace East Jacksonville, FL 32223-0748	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Green, Joann VPD 4470 Naranja Drive South Jacksonville, FL 32217-4012	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LeBlanc, Ed SD 1519 10th Street N. Jacksonville Beach, FL 32250	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C. P. Thomas, Jr. TD 1743 Lisa Avenue Fernandina Beach, FL 32034-2058	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE: AS TREASURER & DIRECTOR James D. Nelsen 8558 Royal Lakes Drive Jacksonville, FL 32256	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. P. Thomas, Jr. 6-19-2002 (904) 332-5982

Date

Daytime Phone #

CR2E037B (12/01)