2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20926

FILED
Jun 07, 2000 8:00 am
Secretary of State
06-07-2000 90007 040 ****70.00

1. Entity Name

NORTHEAST FLORIDA CHAPTER, AMERICAN SOCIETY FOR TRAINING AND DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
112 West Adams Street Ste. 1425 Jacksonville, FL 32202-0864	112 West Adams Street Ste. 1425 Jacksonville, FL 32202-0864

DO NOT WRITE IN THIS SPACE

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 51-0222908 ☐ 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
PHILLIPA, LISA 112 WEST ADAMS STREET, SUITE 1425 JACKSONVILLE, FL 32202-0864	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.

SIGNATURE Lisa Phillipa 5/1/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	O Borowiec, Steven 4567 St. Johns Bluff Rd., S. Jacksonville, FL 32224-2645 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O BOROWIEC, STEVEN 1200 ALUMNI DR JACKSONVILLE FL 32224-2645 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Farson, Holly 7077 Vonneval Rd., Ste. 500 Jacksonville, FL 32216 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O Mackoul, Diana 1551 First Street South Jacksonville Beach, FL 32250 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFICER MARTIN, MICHAEL 3020 HARTLEY RD STE 3000 JACKSONVILLE FL 32257 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O Graf, Isabel 807 Nira Street Jacksonville, FL 32207 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President 4800 Deer Lake Drive East Jacksonville, FL 32246 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Blackmer, Greg 1025 Kings Road Neptune Beach, FL 32266 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O Ridgeway, Donna 1000 Shearer Street Jacksonville, FL 32205 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ridgway ☒ Change ☐ Addition

CR2E037 (9/99)

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: Isabel Graf 5-4-2000 9042185134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #