2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
03-31-2002 90335 047 ****61.25

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DOCUMENT # N20926

1. Entity Name

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

Principal Place of Business	Mailing Address
112 W. ADAMS STREET STE 1425 JACKSONVILLE FL 32202-0864	112 W. ADAMS STREET STE 1425 JACKSONVILLE FL 32202-0864

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3020 Hartley Road	3020 Hartley Road
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Jacksonville FL	City & State: Jacksonville, FL
Zip: 32257 Country: USA	Zip: 32257 Country: USA

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
PHILLIPS, LISA 112 WEST ADAMS ST. STE 1425 JACKSONVILLE FL 32202-0864	Name: Michael Martin Street Address (P.O. Box Number is Not Acceptable): 3020 Hartley Road Suite 300 City: Jacksonville FL Zip Code: 32257

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: _____ 3/21/02
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	D BOROWIEC, STEVEN 1200 ALUMNI DR. JACKSONVILLE FL 32224-2645	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOLLEY, LYNNE O 226-5 SOLANA RD PMB 102 PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ORR-HOLLEY, Lynne 226-5 Solana Rd. PMB 102 Ponte Vedra Beach, FL 32082 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO MARTIN, MICHAEL 3020 HARTLEY RD., STE 3000 JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRAF, ISABEL 4800 DEER LAKE DR. E. JACKSONVILLE FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Graf, Isabel 500 Water Street; J400 Jacksonville, FL 32202 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACKMER, GREG 1025 KINGS RD NEPTUNE BCH FL 32266	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIDGEWAY, DONNA 1000 SHEARER ST JACKSONVILLE FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Lynne Orr-Holley March 7, 2002 904-285-9970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #