

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29832

1. Entity Name

QUIGLEY HOUSE, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90111 018 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 142 ORANGE PARK FL 32067	Mailing Address P.O. BOX 142 ORANGE PARK FL 32067-0142
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-2935027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, EDWARD L.
1600 FIRST UNION BLDG.
200 W. FORSYTH ST.
JACKSONVILLE FL 32202

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.

SIGNATURE _____
Signature of, and 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUDDARD, CAROL <input checked="" type="checkbox"/> Delete 965 SANDPIPER LN. ORANGE PARK FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DI RODESNEY, STEVE <input checked="" type="checkbox"/> Delete 3019 WOODVEIL LN. ORANGE PARK FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBARA, COLEMAN <input checked="" type="checkbox"/> Delete 424 BLANDING BLVD. ORANGE PARK FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barbara Coleman 424 Blanding Blvd. Orange Park, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ross Fleet 1701 Park Avenue Orange Park, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tim O'Keefe 1775 Eagle Harbor Parkway Orange Park, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alice Allred 2592 Admirals Walk Drive, S. Orange Park, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sharon Youngerman 1575 River Road Green Cove Springs, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information empowered.

SIGNATURE: **SIGNATURE REQUIRED Sharon Youngerman** April 12, 2000 (904) 284-0340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)