

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

0007134

DOCUMENT # N29832

1. Entity Name

QUIGLEY HOUSE, INC.

04-25-2001 90169 007 *****70.00

Principal Place of Business

Mailing Address

P.O. BOX 142
 ORANGE PARK FL 32067

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 ORANGE PARK FL 32067

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2935027

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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, 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 **VD** Delete
 NAME **FLEET, ROSS**
 STREET ADDRESS **1701 PARK AVE**
 CITY-ST-ZIP **ORANGE PARK FL 32-0113**

TITLE **P/D** Change Addition
 NAME **Fleet, F. Ross**
 STREET ADDRESS **1701 Park Avenue**
 CITY-ST-ZIP **Orange Park, FL 32073**

TITLE **TD** Delete
 NAME **O'KEEFE, TIM**
 STREET ADDRESS **1775 EAGLE HARBOR PARKWAY**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **V/D** Change Addition
 NAME **Andersen, Betty**
 STREET ADDRESS **2930 Greenridge Road**
 CITY-ST-ZIP **Orange Park, FL 32073**

TITLE **PD** Delete
 NAME **BARBARA, COLEMAN**
 STREET ADDRESS **424 BLANDING BLVD.**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **T/D** Change Addition
 NAME **Steven Rodesney**
 STREET ADDRESS **767 Blanding Blvd, #103**
 CITY-ST-ZIP **Orange Park, FL 32065**

TITLE **SD** Delete
 NAME **ALLRED, ALICE**
 STREET ADDRESS **2592 ADMIRALS WALK DR S**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MD** Delete
 NAME **YOUNGERMAN, SHARON**
 STREET ADDRESS **1575 RIVER RD**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32073**

TITLE **M** Change Addition
 NAME **Youngerman, Sharon**
 STREET ADDRESS **1650 Rivers Road**
 CITY-ST-ZIP **Green Cove Springs, FL 32043**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S/D** Change Addition
 NAME **Deborah Ferry**
 STREET ADDRESS **222 Debarry Avenue**
 CITY-ST-ZIP **Orange Park, FL 32073**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Youngerman

4-18-01

Date

(904) 284-0340

Daytime Phone #

CR2E037 (10/00)