

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90491 039 ****61.25

DOCUMENT # N09857

1. Entity Name

THE NORTHEAST FLORIDA CHAPTER OF THE NATIONAL AS

Principal Place of Business

Mailing Address

C/O B. JEANETTE DIXON
 50 N. LAURA ST., STE. 2700
 JACKSONVILLE FL 32202
 US

C/O B JEANETTE DIXON
 50 N. LAURA ST., STE. 2700
 JACKSONVILLE FL 32202
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2551921

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

B. JEANETTE DIXON
50 N. LAURA ST.
SUITE 2700
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.

(NOT: 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 **D** ☒ Delete
 NAME **CASTORINA, JOHN**
 STREET ADDRESS **4190 BELFORT RD, #430**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **PD** ☐ Change ☒ Addition
 NAME **JOOST, HOBART**
 STREET ADDRESS **ONE INDEPENDENT SQUARE, #2401**
 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **D** ☒ Delete
 NAME **SEBESTA, JIM**
 STREET ADDRESS **1301 RIVERPLACE BLVD STE 2330**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **SD** ☐ Change ☒ Addition
 NAME **MICHAEL J SHALLEY**
 STREET ADDRESS **1050 PRUDENTIAL DRIVE, SUITE #400**
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **TD** ☐ Delete
 NAME **DIXON, B. JEANETTE**
 STREET ADDRESS **50 N. LAURA ST., SUITE 2700**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **CHILDERS, CATHERINE**
 STREET ADDRESS **1301 RIVERPLACE BLVD STE 2101**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

B. JEANETTE DIXON - TREASURER

5/18/2001

CR2E037 (10/00)