

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90154 019 ***158.75

0036971 AV

DOCUMENT # 686853

1. Entity Name

TAB OF NORTHEAST FLORIDA, INC.

Principal Place of Business
5211 FAIRMONT ST.
JACKSONVILLE FL 32207-5029
US

Mailing Address
5211 FAIRMONT ST.
JACKSONVILLE FL 32207-5029
US

2. Principal Place of Business

7529 Salisbury Rd.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 551467
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-2209268

Applied For

Not Applicable

Zip

32256

Country

Zip

32255-1467

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASBURY, LLOYD T
214 N CLAY ST
SUITE 100
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
 NAME **BOBECK, CLIFFORD JOHN**
 STREET ADDRESS **5211 FAIRMONT ST.**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **PD** ☐ Delete
 NAME **BOBECK, CANDICE E**
 STREET ADDRESS **5211 FAIRMONT ST.**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VP** ☐ Delete
 NAME **DINEEN, BRIAN J**
 STREET ADDRESS **5211 FAIRMONT ST.**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☒ Change ☐ Addition
 NAME **Boback, Clifford John**
 STREET ADDRESS **7529 Salisbury Rd.** **P.O. Box 551467**
 CITY-ST-ZIP **Jacksonville, FL 32256** **32255-1467**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Boback, Candice E.** **P.O. Box 551467**
 STREET ADDRESS **7529 Salisbury Rd.**
 CITY-ST-ZIP **Jacksonville, FL 32256** **32255-1467**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Dineen, Brian J.** **P.O. Box 551467**
 STREET ADDRESS **7529 Salisbury Rd.**
 CITY-ST-ZIP **Jacksonville, FL 32256** **32255-1467**

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Candice E. Boback, President
Candice E. Boback, President

1-22-02 (904) 398-3600 x201
 Date Daytime Phone #

CR2E034 (9/01)