

2000 UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT # 701592

1. Entity Name

DUVAL BEACHES' FINE ARTS GUILD, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

06-05-2000 90033 005 ****61.25

Principal Place of Business
319 N. FIRST STREET
JACKSONVILLE BEACH FL 32250
US

Mailing Address
400 SANDIRON CIRCLE
#426
PONTE VEDRA FL 32082

2. Principal Place of Business
106 SOUTH STREET NORTH

3. Mailing Address
400 SANDIRON CIRCLE
Suite, Apt. #, etc.
#426

City & State
JACKSONVILLE BEACH, FL

City & State
PONTE VEDRA BEACH, FL

Zip
32250

Country
DUVAL

Zip
32082

Country
ST. JOHNS



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6511401

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEENE, RICHARD C
800-C THIRD STREET
NEPTUNE BEACH FL 32266

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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	PD	☐ Delete
NAME	BARSTOW, CHARLA	
STREET ADDRESS	301 2ND STREET	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	PD	☐ Delete
NAME	PENDER, BETSEY	
STREET ADDRESS	400 SANDIRON CIRCLE #426	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	PD	☒ Delete
NAME	PALMER, LESLIE	
STREET ADDRESS	12848 DAYBREAK COURT, W.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	SHAYRA VALESKI	
STREET ADDRESS	12868 WINTHROP COVE	
CITY-ST-ZIP	JACKSONVILLE, FL 322	
TITLE	TD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	☐ Change ☒ Addition
NAME	SUNNERS PALMER	
STREET ADDRESS	130 NANDINA CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	☐ Change ☒ Addition
NAME	THOMASINA RETTBERG	
STREET ADDRESS	130 NANDINA CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		☐ Change ☐ Addition
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: SHAYRA VALESKI REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-26-00 Daytime Phone #: W: 273-0952 H: 285-5921

CR2E037 (9/99)