

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90118 019 ****70.00

0016372

DOCUMENT # 701592

1. Entity Name

DUVAL BEACHES' FINE ARTS GUILD, INC.

(Handwritten initials)

Principal Place of Business

106 SIXTH STREET NORTH
 JACKSONVILLE BEACH FL 32250
 US

Mailing Address

400 DANDIRON CIRCLE
 #426
 PONTE VEDRA FL 32082

A0077132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10000 GATE PARKWAY NORTH

Suite, Apt. #, etc.
 1212

City & State

JACKSONVILLE, FL

Zip
 32246

Country
 USA

3. Mailing Address

10000 GATE PARKWAY NORTH

Suite, Apt. #, etc.
 1212

City & State

JACKSONVILLE, FL

Zip
 32246

Country
 USA

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 **BETSEY PENDER**

Street Address (P.O. Box Number is Not Acceptable)
 10000 GATE PARKWAY NORTH

#1212

City
 JACKSONVILLE

FL

Zip Code
 32246

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 *Betsey Pender, President*

7/11/01

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

After September 12, 2001, min. will be \$236.25

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	<input checked="" type="checkbox"/> Delete
NAME	BARSTOW, SHARLA	
STREET ADDRESS	301 2ND STREET	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	GD	<input checked="" type="checkbox"/> Delete
NAME	PENDER, BETSEY	
STREET ADDRESS	400 SANDIRON CIRCLE #426	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PALMER, LESLIE	
STREET ADDRESS	12848 DAYBREAK COURT, W.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	GD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDER BETSEY	
STREET ADDRESS	10000 GATE PARKWAY NORTH, #1212	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	GD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALESKI, SHARLA	
STREET ADDRESS	12868 WINTHROP COVE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMNERS PALMER	
STREET ADDRESS	114 BERMUDA COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Betsey Pender* **SIGNATURE REQUIRED**

July 11, 2001 904-695-0854

CR2E037 (5/01)