

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90561 028 \*\*\*\*\*61.25

**DOCUMENT # 703884**

1. Entity Name

**GREATER JACKSONVILLE CHAPTER OF SPEBSQSA, INC.**



Principal Place of Business

2212 FLEET LANDING BLVD  
 ATLANTIC BEACH FL 32233  
 US

Mailing Address

2212 FLEET LANDING BLVD  
 ATLANTIC BEACH FL 32233  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6173071**

Applied For  
 Not-Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LATTA, T. F.  
 2212 FLEET LANDING BLVD.  
 ATLANTIC BEACH FL 32233

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

*T. F. Latta*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*July 3, 2001*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME PD  
 LATTA, T F  
 STREET ADDRESS 2212 FLEET LANDING BLVD  
 CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME VD  
 WISH, JAMES R  
 STREET ADDRESS 5110 FLEET LANDING BLVD  
 CITY-ST-ZIP ATLANTIC BEACH FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME STD  
 LATTA, T. F.  
 STREET ADDRESS 2212 FLEET LANDING BLVD.  
 CITY-ST-ZIP ATLANTIC BCH FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D  
 ALLEN, G.W.  
 STREET ADDRESS 2547 HYDE PARK RD.  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME VD  
 PARKER, DAVID  
 STREET ADDRESS 1739 LIVE OAK LN  
 CITY-ST-ZIP ATLANTIC BEACH FL

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: *T. F. Latta* RECORDED

*July 3, 01 904 219-4423*

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CR2E037 (5/01)