

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	PD	<input type="checkbox"/> Delete
NAME	LATTA, T F	
STREET ADDRESS	2212 FLEET LANDING BLVD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WISH, JAMES R	
STREET ADDRESS	5110 FLEET LANDING BLVD	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LATTA, T. F.	
STREET ADDRESS	2212 FLEET LANDING BLVD.	
CITY-ST-ZIP	ATLANTIC BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, G.W.	
STREET ADDRESS	2547 HYDE PARK RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARKER, DAVID	
STREET ADDRESS	1739 LIVE OAK LN	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE		<input type="checkbox"/> Delete
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		
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: *T. F. Latta* RECORDED

July 3, 01 904 219-4423

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CR2E037 (5/01)