

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705382

1. Entity Name

NORTHEAST FLORIDA SAFETY COUNCIL, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90010 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1725 ART MUSEUM DRIVE  
JACKSONVILLE FL 32207

1725 ART MUSEUM DRIVE  
JACKSONVILLE FL 32207-2151

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0536003

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLEY JR, JOEL R  
1725 ART MUSEUM AVENUE  
JACKSONVILLE FL 32207

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOP  
BROWN, CAPT. RANDY  
7322 NORMANDY BLVD  
JACKSONVILLE FL 32205 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOVP  
Brown, Capt. Randy  
7322 Normandy Blvd  
Jacksonville, FL 32205 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOVP  
GRIFFIN, BOB  
701 FISK ST. SUITE 100  
JACKSONVILLE FL 32204 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
Griffin, Bob  
701 Fisk St. Suite 100  
Jacksonville, FL 32204 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EDM  
HOLLEY JR., JOEL R.  
1725 ART MUSEUM DRIVE  
JACKSONVILLE, FL 00000 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOVP  
FOOTLER, STEVE  
PO BOX 28489  
JAX FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOP  
BUTLER, STEVE  
PO Box 28489  
Jacksonville, FL ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOVP  
TULLIS, JAMES  
1665 SAN MARCO BLVD  
JACKSONVILLE FL 32207 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOS  
KAHLICH, RICHARD  
RT 4, BOX 1000  
FT WHITE FL ☐ Delete

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

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 names.

SIGNATURE: Joel R. Holley, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)