

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90033 009 ****61.25

DOCUMENT # 713023

1. Entity Name

SOUTHERN GENEALOGIST'S EXCHANGE SOCIETY, INC.

Principal Place of Business

Mailing Address

6215 SAUTERNE DR
 JACKSONVILLE FL 32210

P.O. BOX 2801
 JACKSONVILLE FL 32203-2801

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

59-6215576

Applied For

Not Applicable

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

RUDD, MARY E
1255 COOK STREET
JACKSONVILLE FL 32205-8314

Name **FERGUSON, JON**

Street Address (P.O. Box Number is Not Acceptable)
1278 WOLFE STREET

City **JACKSONVILLE**

FL

Zip Code **32205-8306**

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

Jon Ferguson

1/24/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JON FERGUSON

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 **PD** ☐ Delete
 NAME **RUDD, MARY E**
 STREET ADDRESS **1255 COOK STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32205-8314**

TITLE **PD** ☐ Change ☐ Addition
 NAME **FERGUSON, JON**
 STREET ADDRESS **1278 WOLFE STREET**
 CITY-ST-ZIP **JACKSONVILLE, FL 32205-8306**

TITLE **VD** ☐ Delete
 NAME **STINCHCOMB, JOHN**
 STREET ADDRESS **9156 TAYLOR FIELD**
 CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE **VD** ☐ Change ☐ Addition
 NAME **CLAY, REGGIE**
 STREET ADDRESS **4639 MONUMENT POINT CIRCLE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32225-1431**

TITLE **DV** ☐ Delete
 NAME **STOEFFLER, ELIZABETH**
 STREET ADDRESS **6923 DEAUVILLE RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32205-4527**

TITLE **VD** ☐ Change ☐ Addition
 NAME **MCKAY, HARRY**
 STREET ADDRESS **5743 JAMMES ROAD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32244-1807**

TITLE **T** ☐ Delete
 NAME **BILLY, JANICE**
 STREET ADDRESS **1757 GLENDALE ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32205-9368**

TITLE **T** ☐ Change ☐ Addition
 NAME **THOMPSON, MYRA**
 STREET ADDRESS **191 Holly Knowe Road**
 CITY-ST-ZIP **Orange Park, FL 32003-7810**

TITLE **S** ☐ Delete
 NAME **REED, ELIZABETH**
 STREET ADDRESS **2802 EVERHOLLY LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32223-0728**

TITLE **S** ☐ Change ☐ Addition
 NAME **RUDD, MARY**
 STREET ADDRESS **1255 COOK STREET**
 CITY-ST-ZIP **JACKSONVILLE, FL 32205-8314**

TITLE **S** ☐ Delete
 NAME **DOUGLAS, SHIRLEY**
 STREET ADDRESS **5663 WOLF CREEK DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32222-1388**

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:

Jon Ferguson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02
 Date

(904)

Daytime Phone #

CR2E037 (9/01)