

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90467 009 ****61.25

DOCUMENT # 716413

1. Entity Name

BIG BROTHERS BIG SISTERS OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**3100 UNIVERSITY BLVD SUITE 120
 JACKSONVILLE FL 32216
 US**

**3100 UNIVERSITY BLVD
 SUITE 120
 JACKSONVILLE FL 32216-2737**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0683256

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

~~HANGOOK, MICHAEL~~
**3100 UNIVERSITY BLVD. S
 STE 120
 JACKSONVILLE FL 32216**

Name **Michael Elem**
 Street Address (P.O. Box Number is Not Acceptable)
**3100 University Blvd., S.,
 Suite 120**
 City **Jacksonville** FL Zip Code **32216**

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 Michael Elem, Chief Operating Officer

April 26, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEES 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	PPD ANDERSON, JULIET NEGRETE 50 NORTH LAURA ST. #2600 JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOMHARD, LIZANNE 1522 PENMAN RD JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAYS, JILLEEN 1753 TALL TREET DR E JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAYNE, BARBARA 8001 BAYMEADOWS WAY JACKSONVILLE FL 32296	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANES, JOHN 7800 BELFORT PKWY, SUITE 165 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FALCONETTI, JOHN 2472 DENNIS ST. JACKSONVILLE FL 32204	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of Board Lizanne Bomhard 1522 Penman Rd. Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Chairman of Board Kevin Cannon 225 Water Street, Mail Code FL0545 Jacksonville, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Jilleen Hays 1733 Tall Tree Dr., E. Jacksonville, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 change empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

MICHAEL ELEM 4/26/2000 904-727-9797

CRE037 (9/99)