

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 08:00 AM
Secretary of State

DOCUMENT # 716413

1. Entity Name
BIG BROTHERS BIG SISTERS OF NORTH FLORIDA, INC.

Principal Place of Business 3100 UNIVERSITY BLVD SUITE 120 JACKSONVILLE FL 32216 US	Mailing Address 3100 UNIVERSITY BLVD SUITE 120 JACKSONVILLE FL 32216
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-0683256

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent HANCOCK MICHAEL 3100 UNIVERSITY BLVD. S STE 120 JACKSONVILLE FL 32216 US				7. Name and Address of New Registered Agent Name O'MALLEY HUGH Street Address (P.O. Box Number is Not Acceptable) 3100 UNIVERSITY BLVD. S STE 120 City JACKSONVILLE FL Zip Code 32216			
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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 **HUGH O'MALLEY** **05/07/2001**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
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	DV HUTCHINSON TAMMY 9540 SAN JOSE BLVD. JACKSONVILLE FL 32241	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 ORR KATHY 8381 DIX ELLIS TRAIL, #JMA-1 JACKSONVILLE FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	DV MYERS MARSHA 9424 BAYMEADOWS RD., #101 JACKSONVILLE FL 32296	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 HAYS JILLEEN 1753 TALL TREET DR E JACKSONVILLE FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 CANNON KEVIN N 225 WATER ST., MAIL CODE FL0545 JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	PPD BOMHARD LIZANNE 1522 PENMAN ROAD JACKSONVILLE BEACH FL 32250	<input checked="" 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)(f), 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: **Kevin N. Cannon** DV **05/07/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)