2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State
02-04-2002 90250 010 ****61.25

0000063

DOCUMENT # **755844**

1. Entity Name

AMELIA ISLAND - GREATER NASSAU COUNTY ASSOCIATIO N OF REALTORS, INCORPORATED

Principal Place of Business	Mailing Address
910 SOUTH 14TH STREET PO BOX 684 FERNANDINA BCH FL 32034	910 SOUTH 14TH STREET PO BOX 684 FERNANDINA BCH FL 32034

DO NOT WRITE IN THIS SPACE

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 **59-2240178** ☐ 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
DAVIS, CLYDE W., ESQ. ~~13 N. 4TH STREET~~ FERNANDINA BEACH FL 32034	Name Street Address (P.O. Box Number is Not Acceptable) 20 SOUTH 5TH STREET City: FERNANDINA BCH **FL** Zip Code: 32034

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	EVP GOODBREAD, CLYDE 387 TARPON AVE FERNANDINA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUCKWORTH, BETTY 885 SOUTH FLETCHER AVE FERNANDINA BEACH FL 32034	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LASSERRE, JON PO BOX 653 FERNANDINA BCH FL 32035 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRAY, NORNMAN 53 SEA MARSH ROAD FERNANDINA BEACH FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRAY, NORMAN 53 SEA MARSH ROAD FERNANDINA BCH FL 32034 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOCK, WILLIAM J 2802 ISLAND PLANTATION DR FERNANDINA BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LIPMAN, GRACE 95227 SPRING BLOSSOM LANE FERNANDINA BCH, FL 32034 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARE, GERALDINE 3126-B SO FLETCHER AVE FERNANDINA BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TROXEL, PATRICIA 14 WAX MYRTLE FERNANDINA BCH FL 32034 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STACK, JOHN PO BOX 877 FERNANDINA BEACH FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STACK, JOHN PO BOX 877 FERNANDINA BCH, FL 32035 ☒ Change ☐ Addition

CR2E037 (9/01)

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: Clyde Goodbread CLYDE GOODBREAD Jan. 17, 2002 904/261-8133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #