

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # 759136

1. Entity Name

YOUTH OF BEACHES ARTS GUILD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 50275  
JACKSONVILLE BEACH FL 32240

P.O. BOX 50275  
JACKSONVILLE BEACH FL 32240-0275

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

NOT APPLICABLE

Applied For  
Not Applied

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

Name

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

City

FL

Zip Code

HULETT, JUDY  
1505 SELVA MARINA DR.  
ATLANTIC BEACH FL 32233

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

*Judy Hulett*

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: VD  
NAME: HULETT, JUDY  
STREET ADDRESS: 1505 SELVA MARINA DR.  
CITY-ST-ZIP: ATLANTIC BEACH FL  
*T(D)* ☐ Delete

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

TITLE: President  
NAME: Mary Ellen Richards  
STREET ADDRESS: 501 Hopkins Rd  
CITY-ST-ZIP: Neptune Beach, FL 32266  
*D* ☐ Delete

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

TITLE: Treasurer  
NAME: Jane Bull  
STREET ADDRESS: 1300 Strand St  
CITY-ST-ZIP: Neptune Beach, FL 32266  
*T(D)* ☐ Delete

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

TITLE: ☐ Delete  
NAME: ☐ Delete  
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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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 empowered.

SIGNATURE:

*Jane Bull* REGISTERED BULL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 241-0432

FILED  
Apr 20, 2000 8:00 am  
Secretary of State

01-29-2000 90102 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE