

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90014 028 \*\*\*\*61.25

**DOCUMENT # 759136**

1. Entity Name

**YOUTH OF BEACHES ARTS GUILD, INC.**

Principal Place of Business

P.O. BOX 50275  
 JACKSONVILLE BEACH FL 32240

Mailing Address

P.O. BOX 50275  
 JACKSONVILLE BEACH FL 32240

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 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

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

Name

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

City

**FL**

Zip Code

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 **TD** ☐ Delete  
 NAME **HULETT, JUDY**  
 STREET ADDRESS **1505 SELVA MARINA DR.**  
 CITY-ST-ZIP **ATLANTIC BEACH FL**

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

TITLE **PD** ☐ Delete  
 NAME **RICHARDS, MARY ELLEN**  
 STREET ADDRESS **1501 HOPKINS RD**  
 CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Richards, Mary Ellen**  
 STREET ADDRESS **10454 Stone Road**  
 CITY-ST-ZIP **Jacksonville, FL 32246**

TITLE **TD** ☒ Delete  
 NAME **BULL, JANE**  
 STREET ADDRESS **1300 STRAND ST**  
 CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **Henry, Jennifer**  
 STREET ADDRESS **13695 Cowington Creek Dr**  
 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**SIGNATURE: HULETT, JUDY**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**904-249-2044**

CR2E037 (10/00)