

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90131 041 \*\*\*\*61.25

**DOCUMENT # 762330**

1. Entity Name

**BEACHES COUNCIL FOR DISABLED PERSONS, INC.**

Principal Place of Business

Mailing Address

13729 W.M. DAVIS PKWY. W  
 JACKSONVILLE FL 32224

13729 W.M. DAVIS PKWY. W  
 JACKSONVILLE FL 32224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2347951**

Applied For

Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSCHMAN (ALBERT E.), JR.**  
**2215 S THIRD ST**  
**JACKSONVILLE BEACH FL 32250**

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	VPD	<input type="checkbox"/> Delete
NAME	ROBERTS, JERRY	
STREET ADDRESS	11550 3RD STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEAN, JAN	
STREET ADDRESS	114 EVANS DRIVE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILKINS, JIMMY	
STREET ADDRESS	11 N 3RD ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RAYBROOK, CHARLOTTE	
STREET ADDRESS	13729 W.M. DAVIS PKWY. W	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, DAVID	
STREET ADDRESS	850 SEMINOLE ROAD	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLS, GENE	
STREET ADDRESS	2446 SEMINOLE ROAD	
CITY-ST-ZIP	ATLANTIC BEACH FL	

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY ROBERTS	
STREET ADDRESS	115 S. 3RD ST. APT. 1307	
CITY-ST-ZIP	JACKSONVILLE BEACH FL. ZIP 32250	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ZIP 32250	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ZIP 32233	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENE WELLS	
STREET ADDRESS	12774 MEADOW SWEET LANE	
CITY-ST-ZIP	JACKSONVILLE, FL. 32225	

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:** *Charlotte Raybrook* President 2-11-2000 992-8417 (904)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)