

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90109 005 ****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

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

Fred L. Ahern Jr.

Name

Fred L. Ahern Jr.

~~BUSCHMAN (ALBERT E.), JR.~~

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

**2215 S THIRD ST
 JACKSONVILLE BEACH FL 32250**

2215 South Third St.

Suite 101

City

Jacksonville Beach

FL

Zip Code

32082

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)

2/5/2002

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 **VPO** Delete
 NAME **ROBERTS, JERRY**
 STREET ADDRESS **115 S 3RD ST APT 1307**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **DEAN, JAN**
 STREET ADDRESS **114 EVANS DRIVE**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **WILKINS, JIMMY**
 STREET ADDRESS **11 N 3RD ST**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **RAYBROOK, CHARLOTTE**
 STREET ADDRESS **13729 W.M. DAVIS PKWY. W**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **THOMPSON, DAVID**
 STREET ADDRESS **850 SEMINOLE ROAD**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WELLS, GENE**
 STREET ADDRESS **12774 MEADOW SWEET LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

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: **Charlotte E. Raybrook**

CHARLOTTE E. RAYBROOK
 Charlotte E. Raybrook, President Jan. 10, 02 (904) 992-8414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)