

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768929

1. Entity Name  
BIG BROTHERS AND BIG SISTERS OF NASSAU COUNTY, I

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90153 033 \*\*\*\*70.00

Principal Place of Business  
1014 ATLANTIC AVE  
FERNANDINA BEACH FL 32034  
US

Mailing Address  
1014 ATLANTIC AVE  
FERNANDINA BEACH FL 32034-3633  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1643191		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WOOD, RALPH N. JR. ("CHIP") 2617 MCGREGOR BLVD. FERNANDINA BEACH 32034				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEGGS, LARRY		NAME	JOE POWELL	
STREET ADDRESS	875 FOUNTAIN DR.		STREET ADDRESS	2413 FIRST AV. #K3	
CITY-ST-ZIP	FERNANDINA BCH FL		CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, JERRY		NAME	VILKIE BEAUDRY	
STREET ADDRESS	1729 CRESCENT RD		STREET ADDRESS	1607 PENBROOK DR.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, MARGARET ANN		NAME		
STREET ADDRESS	2617 MCGREGOR BLVD		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, RALPH, JR.		NAME		
STREET ADDRESS	2617 MCGREGOR BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA FL		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, ROY		NAME	CLYDE GOODBREAD	
STREET ADDRESS	4216 E. STATE RD 200		STREET ADDRESS	837 TARDON AV.	
CITY-ST-ZIP	FERNADINA BEACH FL 32034		CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Ralph N. Wood, Jr. ("Chip") DATE: 2/18/2000 DAYTIME PHONE #: 904 261 9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)