

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

0008468

DOCUMENT # 768929

1. Entity Name

BIG BROTHERS AND BIG SISTERS OF NASSAU COUNTY, I

Principal Place of Business

Mailing Address

1014 ATLANTIC AVE
 FERNANDINA BEACH FL 32034
 US

1014 ATLANTIC AVE
 FERNANDINA BEACH FL 32034
 US

A0076607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1643191

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WOOD, RALPH N. JR. ("CHIP")
 2617 MCGREGOR BLVD.
 FERNANDINA BEACH FL 32034

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 + 8.75 = 70.00

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

TITLE ☒ PD ☐ Delete
 NAME POWELL, JOE
 STREET ADDRESS 2413 FIRST AVE #K3
 CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☒ VD ☐ Delete
 NAME BEAUDRY, VICKIE
 STREET ADDRESS 1607 PENBROOK DR
 CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☒ SD ☐ Delete
 NAME WOOD, MARGARET ANN
 STREET ADDRESS 2617 MCGREGOR BLVD
 CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☒ M ☐ Delete
 NAME WOOD, RALPH, JR.
 STREET ADDRESS 2617 MCGREGOR BLVD.
 CITY-ST-ZIP FERNANDINA FL

TITLE ☒ TD ☐ Delete
 NAME GOODBREAD, CLYDE
 STREET ADDRESS 837 TARPON AVE
 CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

Ralph N. Wood, Jr.

NOTARIES REQUIRED RALPH N. WOOD, JR 7/9/01 904-261-9500

CR2E037 (10/00)