

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

07-12-2001 90001 043 \*\*\*\*70.00

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <input checked="" type="checkbox"/>	PD	<input type="checkbox"/> Delete
NAME	POWELL, JOE	
STREET ADDRESS	2413 FIRST AVE #K3	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE <input checked="" type="checkbox"/>	VD	<input type="checkbox"/> Delete
NAME	BEAUDRY, VICKIE	
STREET ADDRESS	1607 PENBROOK DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE <input checked="" type="checkbox"/>	SD	<input type="checkbox"/> Delete
NAME	WOOD, MARGARET ANN	
STREET ADDRESS	2617 MCGREGOR BLVD	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE <input checked="" type="checkbox"/>	M	<input type="checkbox"/> Delete
NAME	WOOD, RALPH, JR.	
STREET ADDRESS	2617 MCGREGOR BLVD.	
CITY-ST-ZIP	FERNANDINA FL	
TITLE <input checked="" type="checkbox"/>	TD	<input type="checkbox"/> Delete
NAME	GOODBREAD, CLYDE	
STREET ADDRESS	837 TARPON AVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE <input type="checkbox"/>		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ralph N. Wood, Jr.* RALPH N. WOOD, JR 7/9/01 904-261-9500

CFR2037 (10/00)