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FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 01, 2001 8:00 am Secretary of State DOCUMENT # N0000003914 1. Entity Name NASSAU COUNTY HOME EDUCATORS SUPPORT GROUP, INC. 01-29-2001 90121 016 ****61.25 Principal Place of Business Mailing Address 2248 HOPPER LANE 2248 HOPPER LANE YULEE FL 32097 YULFE FL 32097 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FELNumber Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HOPPER, DEBORAH 2248 HOPPER LANE YULEE FL 32097 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete ☐ Change TITLE ☐ Addition TITLE NAME HOPPER, DEBORAH NAME STREET ADDRESS 2248 HOPPER LANE STREET ADDRESS CITY-ST-ZIP YULEE FL 32097 CITY-ST-ZIP Director ☐ Delate Change TITLE ☐ Addition TITLE Hopper, Richa 2248 Hopper HOPPER, RICHARD Richard NAME NAME STREET ADDRESS 2248 HOPPER LANE STREET ADDRESS CITY-ST-ZIP YULEE FL 32097 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition VANWAGNER, NATALIE -NAME NAME STREET ADDRESS 631 TARPON AVE., #6393 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BCH FL 32034 TITLE Delete TITLE ☐ Change Addition **BLANKENSTEIN, JENNIFER** NAME NAME STREET ADDRESS 1012 N. 15TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BCH FL 32034 ☐ Delete TITLE Addition Brett Whitaker NAME NAME 1698 Blue Heron Lane STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in changed, or on an attachment with an address