FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2002 8:00 am E Secretary of State DOCUMENT # N00000003914 1. Entity Name NASSAU COUNTY HOME EDUCATORS SUPPORT GROUP, INC. 04-30-2002 90160 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 2248 HOPPER LANE 2248 HOPPER LANE YULEE FL 32097 YULEE 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. FEI Number Applied For 59-3657460 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 HOPPER, DEBORAH Street Address (P.O. Box Number is Not Acceptable) 2248 HOPPER LANE YULEE FL 32097 City Zip Code FI 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** ΄ ο. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HOPPER, DEBORAH NAME STREET ADDRESS 2248 HOPPER LANE STREET ADDRESS CITY-ST-7IP Yulee fl 32097 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HOPPER, RICHARD NAME STREET ADDRESS 2248 HOPPER LANE STREET CITY-ST-ZIP YULEE FL 32034 CITY-ST-TITLE Delete - === TITLE \_\_\_\_\_ Change Addition. vanwagner, natalie NAME Debbie Brand NAME STREET ADDRESS 631 TARPON AVE., #6393 STREET ADDRESS 1573 Alligator Creck Rd. CITY-ST-ZIP FERNANDINA BCH FL 32034 CITY-ST-ZIP fernandina Bch SD TITLE Delete TITLE ☐ Change M Addition NAME **BLANKENSTEIN, JENNIFER** Karen Harmon 1893 Polm Drive NAME STREET ADORESS 1012 N. 15TH ST. STREET ADDRESS CITY-ST-ZIF FERNANDINA BCH FL 32034 CITY-ST-ZIP <u>Fernandina Bch., FL 32034</u> TITLE ☐ Delete TITLE Change Addition NAME whitaker, brett NAME STREET ADDRESS 1698 BLUE HERON LANE STREET ADDRESS CITY-ST-ZIF Fernandina Beach FL 32034 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

SIGNATURE:

SIGNATURE AND TYPED OR PRUITED NAM