

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90028 028 ****61.25

0013553

DOCUMENT # N00000006650

1. Entity Name

FIRST COAST METRO CHAPTER OF SPEBSQSA, INC.

Principal Place of Business

**10017 LAKE LAMAR COURT
JACKSONVILLE FL 32256**

Mailing Address

**10017 LAKE LAMAR COURT
JACKSONVILLE FL 32256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 - 3430470

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

**SOBOLEWSKI, MICHAEL
10017 LAKE LAMAR COURT
JACKSONVILLE FL 32256**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/01
DATE

**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 PD
NAME ICE, ROBERT ☒ Delete
STREET ADDRESS 11955 MARBON MEADOWS DR.
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE PD
NAME PICKARD, R. PRICE ☒ Change ☐ Addition
STREET ADDRESS PO BOX 2972
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32004-2972

TITLE VPD
NAME SOBOLEWSKI, MICHAEL ☒ Delete
STREET ADDRESS 10017 LAKE LAMAR COURT
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VPD
NAME BIDWELL, BRIAN ☒ Change ☐ Addition
STREET ADDRESS 1512 MARSHSIDE DR
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250-7601

TITLE VPD
NAME CONNELLY, CHRIS ☐ Delete
STREET ADDRESS 200 OAK POINT LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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

TITLE VPD
NAME BANKS, JOHN ☐ Delete
STREET ADDRESS 4554 PEBBLE BROOK DR.
CITY-ST-ZIP JACKSONVILLE FL 32224

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

TITLE SD
NAME GAUNT, CAL ☒ Delete
STREET ADDRESS 8057 CHATEAU DR. S
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE SD
NAME BREEDON, GEORGE ☒ Change ☐ Addition
STREET ADDRESS 6720 HARLOW BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32210-4970

TITLE TD
NAME WISH, JIM ☐ Delete
STREET ADDRESS 5110 POLARIS CT.
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

James R. Wish
JAMES R. WISH 03/20/01 (904) 247-9250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)