

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90035 006 \*\*\*\*61.25

**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, 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**

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 **VPD** ☐ Delete  
 NAME **PICKARD, R P**  
 STREET ADDRESS **PO BOX 2972**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32004-2972**

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

TITLE **VPD** ☐ Delete  
 NAME **BIDWELL, BRIAN**  
 STREET ADDRESS **1512 MARSHSIDE DR.**  
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250-7601**

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

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

TITLE ☒ Change ☐ Addition  
 NAME **Delaney, Kenny**  
 STREET ADDRESS **2435 Glade Springs Drive**  
 CITY-ST-ZIP **Jacksonville FL 32246**

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

TITLE ☒ Change ☐ Addition  
 NAME **COTTER, BILL**  
 STREET ADDRESS **2740 VIA Baya Lane**  
 CITY-ST-ZIP **Jacksonville FL 32223**

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

TITLE ☐ Change ☒ Addition  
 NAME **BUTTON, RON**  
 STREET ADDRESS **4372 Sycamore Pass Ct West**  
 CITY-ST-ZIP **Jacksonville FL 32258**

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

TITLE ☒ Change ☐ Addition  
 NAME **COPELAND, ARCH**  
 STREET ADDRESS **6173 Belle Rive Ct**  
 CITY-ST-ZIP **Jacksonville FL 32256**

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: ARCH COPELAND REGISTERED AGENT**

**904 733 5578**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)