

FILED
Mar 20, 2002 8:00 am
Secretary of State

02-06-2002 90030 032 ****70.00

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N01000003131** ✓

1. Entity Name

First Night Atlantic Beach, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

716 Ocean Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Atlantic Beach, FL

City & State

4. FEI Number

59-3742285

Applied For

Not Applicable

Zip

32233

Country

Duval

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jeffrey J. Sneed

Street Address (P.O. Box Number Is Not Acceptable)

599 Atlantic Boulevard, Ste. 4

City

Atlantic Beach

FL

Zip 32233

**DO NOT WRITE
IN THIS SPACE**

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 Jeffrey J. Sneed

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

(NOTE: Purpose of Agent Signature required when reinstating)

DATE

1/18/02

FEE IS \$61.25

Initial or Amended UBR

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

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
Mary Jenkins, President D
1962 Collins Ct.
Atlantic Beach, FL 32233

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
Cindy Grossberg, Treasurer D
50 Oceanbreeze Drive
Atlantic Beach, FL 32233

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
Michelle Tipton, V. Pres. D
2333 Aza-lea Drive
Jacksonville Bch, FL 32250

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CITY-STATE-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary S. Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02

DATE

Daytime Phone #

CR2E037B (12/01)