

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90349 015 \*\*\*\*61.25

**DOCUMENT # N01000007719**

1. Entity Name

**DESCENDANTS OF THE FIRST AMERICANS CULTURE & EDUCATION PRESERVATION ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**372 CANIS DR. SOUTH  
 ORANGE PARK FL 32073-2441**

**372 CANIS DR. SOUTH  
 ORANGE PARK FL 32073-2441**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**26-0002348**

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

**HUCKLEBERRY, GENE C  
 372 CANIS DR. SOUTH  
 ORANGE PARK FL 32073-2441**

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 **PD** ☐ Delete  
 NAME **HUCKLEBERRY, GENE**  
 STREET ADDRESS **372 CANIS DR. SOUTH**  
 CITY-ST-ZIP **ORANGE PARK FL 32073-2441**

TITLE **~~BOLEY, MARGARET~~** ☒ Change ☒ Addition  
 NAME **~~BOLEY, MARGARET~~**  
 STREET ADDRESS **~~7919 PLEASANT HILL RD.~~**  
 CITY-ST-ZIP **~~HENDERSON, KY 42420~~**

TITLE **VD** ☐ Delete  
 NAME **GRIMLEY, JUDY**  
 STREET ADDRESS **4670 CALEDULA DR.**  
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **O** ☐ Change ☒ Addition  
 NAME **BOLEY, MARGARET**  
 STREET ADDRESS **7919 PLEASANT HILL RD.**  
 CITY-ST-ZIP **HENDERSON, KY 42420**

TITLE **SD** ☐ Delete  
 NAME **PRICE, MARY**  
 STREET ADDRESS **2283 MALLARD AVE.**  
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

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

TITLE **TD** ☐ Delete  
 NAME **HUCKLEBERRY, MERDELLA**  
 STREET ADDRESS **372 CANIS DR. SOUTH**  
 CITY-ST-ZIP **ORANGE PARK FL 32073-2441**

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

TITLE **D** ☐ Delete  
 NAME **BULEY, MICHAEL**  
 STREET ADDRESS **7919 PLEASANT HILL RD.**  
 CITY-ST-ZIP **HENDERSON KY 42420**

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

TITLE **D** ☐ Delete  
 NAME **PAULOS, RONALD**  
 STREET ADDRESS **22 SPENCER ST.**  
 CITY-ST-ZIP **ST. AUGUSTINE FL 32219**

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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 30, 2002**  
 Date

**(904) 272-4407**  
 Daytime Phone #

CR2E037 (9/01)