

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91397 039 ****61.25

DOCUMENT # NO1000009046

1. Entity Name

GREEN COVE SPRINGS MERCHANTS ASSOCIATION, INC.



Principal Place of Business

**718 N. ORANGE AVE.
GREEN COVE SPRINGS FL 32043**

Mailing Address

**718 N. ORANGE AVE.
GREEN COVE SPRINGS FL 32043**

2. Principal Place of Business

428 WALNUT STREET

Suite, Apt. #, etc.

3. Mailing Address

428 WALNUT STREET

Suite, Apt. #, etc.

City & State

GREEN COVE SPGS, FL

City & State

GREEN COVE SPGS, FL

Zip

32043

Country

USA

Zip

32043

Country

USA

4. FEI Number

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

**ARNOLD, L. J. III, ESQ.
718 N. ORANGE AVE.
GREEN COVE SPRINGS FL 32043**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **PLUMLEE, BONNIE**
STREET ADDRESS **4744 HWY. 15A**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **DP** ☒ Change ☐ Addition
NAME **STEVE J. DUVAL**
STREET ADDRESS **428 WALNUT STREET**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **DV** ☐ Delete
NAME **DOUYLLIEZ, GARY**
STREET ADDRESS **511 MYRTLE AVE.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **DV** ☒ Change ☐ Addition
NAME **PAT GARLINGHOUSE**
STREET ADDRESS **428 WALNUT STREET**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **DS** ☐ Delete
NAME **SCHNALL, CINDY**
STREET ADDRESS **3355 CLAIRE LN., #813**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **DS** ☒ Change ☐ Addition
NAME **CONNIE OLSON**
STREET ADDRESS **307 SPRING STREET**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **T** ☐ Delete
NAME **GAUSE, PAM**
STREET ADDRESS **1572 LINKSIDE DR.**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **T** ☒ Change ☐ Addition
NAME **CATHERINE COLLINS**
STREET ADDRESS **116 N. MAGNOLIA AVENUE**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Prentice 4-30-03 904 269-1069

Date

Daytime Phone #

CR2E037 (10/02)