

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90214 037 \*\*\*\*61.25

**DOCUMENT # N07524**

1. Entity Name

**NORTHEAST FLORIDA VETERANS COUNCIL, INCORPORATED**

Principal Place of Business

Mailing Address

117 W DUVAL ST  
 STE 175  
 JACKSONVILLE FL 32202  
 US

117 W DUVAL  
 STE 175  
 JACKSONVILLE FL 32202  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2525999**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HILL, CLARENCE E**  
**2803 CHESTERBROOK ST**  
**JACKSONVILLE FL 32224-4853**

Name **John J. Clark III**

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

**391 Blaimore Blvd W**

City **Orange Park**

**FL**

Zip Code  
**32073**

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)

DATE

**4-16-02**

**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 **CD** ☒ Delete  
 NAME **HILL, CLARENCE E**  
 STREET ADDRESS **2803 CHESTERBROOK CT**  
 CITY-ST-ZIP **JACKSONVILLE FL 32224-4853**

TITLE **cd** ☒ Change ☒ Addition  
 NAME **Clark III, John J**  
 STREET ADDRESS **391 Blaimore Blvd W**  
 CITY-ST-ZIP **Orange Park, FL 32073**

TITLE **VCO** ☒ Delete  
 NAME **SAWLEY, ELBERT**  
 STREET ADDRESS **P. O. BOX 368 N/A**  
 CITY-ST-ZIP **WHITE HOUSE FL**

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

TITLE **SVD** ☐ Delete  
 NAME **PIPPIN, DAVID**  
 STREET ADDRESS **320 ARIES DR**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

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

TITLE **TD** ☐ Delete  
 NAME **WHITE, BARBARA T.**  
 STREET ADDRESS **3846 SUDBURY AVE.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **CD** ☒ Delete  
 NAME **KMIEC, EDWARD M**  
 STREET ADDRESS **4647 SCARLET CT**  
 CITY-ST-ZIP **JACKSONVILLE FL**

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.

**John J. Clark III**

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-16-02**

Date

**904-272-0901**

Daytime Phone #

CR2E037 (9/01)