

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08025

1. Entity Name

EXECUTIVE SERVICE CORPS OF NORTHEAST FLORIDA, IN

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90057 010 ****61.25

Principal Place of Business

Mailing Address

C/O WILLIAM H. DODD
7113 TONGA DR.
JACKSONVILLE FL 32216
US

C/O WILLIAM H. DODD
7113 TONGA DR.
JACKSONVILLE FL 32216-3213
US



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

59-2514006

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

DODD, WILLIAM H
7113 TONGA DR
JACKSONVILLE FL 32216

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 D ☐ Delete
NAME BECKWITH, HENRY H.
STREET ADDRESS 524 STOCKTON ST.
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE DTP ☐ Delete
NAME FRAPMONT, ROBERT
STREET ADDRESS 8145 HUNTERS GROVE RD.
CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE MD ☐ Delete
NAME DODD, WILLIAM H.
STREET ADDRESS 7113 TONGA DR
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE CD ☐ Delete
NAME HIGHTOWER, MICHAEL R
STREET ADDRESS PO BOX 1798-19T N/A
CITY-ST-ZIP JACKSONVILLE FL 32231-0014

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

TITLE D ☐ Delete
NAME ARLIN, LEWIS D.
STREET ADDRESS 1413 FOREST MARSH DR.
CITY-ST-ZIP NEPTUNE BCH. FL 32266

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

TITLE CD ☐ Delete
NAME CASSIDY, GEORGE E
STREET ADDRESS 4800 DEERWOOD CAMPUS PKWY
CITY-ST-ZIP JACKSONVILLE FL 32256

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)