

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90056 044 ****61.25

DOCUMENT # N09857

1. Entity Name

THE NORTHEAST FLORIDA CHAPTER OF THE NATIONAL AS

Principal Place of Business

Mailing Address

C/O B. JEANETTE DIXON
 50 N. LAURA ST. STE. 2700
 JACKSONVILLE FL 32202
 US

C/O B JEANETTE DIXON
 50 N. LAURA ST. STE. 2700
 JACKSONVILLE FL 32202-3630
 US

AU042337



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

59-2551921

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

**B. JEANETTE DIXON
 50 N. LAURA ST.
 SUITE 2700
 JACKSONVILLE FL 32202**

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 CASTORINA, JOHN
 STREET ADDRESS 4190 BELFORT RD, #430
 CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☒ Change ☐ Addition
 NAME CASTORINA, JOHN
 STREET ADDRESS 4190 BELFORT RD, # 430
 CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE V ☐ Delete
 NAME SEBESTA, JIM
 STREET ADDRESS PHOENIX REALTY GROUP
 CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☒ Change ☐ Addition
 NAME SEBESTA, JIM
 STREET ADDRESS 1301 RIVERPLACE BLVD., STE. 2330
 CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE SD ☒ Delete
 NAME BLAKE, BARBARA
 STREET ADDRESS 3003 MADRID AVE E
 CITY-ST-ZIP JACKSONVILLE FL 32247

TITLE SD ☐ Change ☒ Addition
 NAME CHILDERS, CATHERINE
 STREET ADDRESS 1301 RIVERPLACE BLVD., STE. 2101
 CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE TD ☐ Delete
 NAME DIXON, B. JEANETTE
 STREET ADDRESS 50 N. LAURA ST., SUITE 2700
 CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
 NAME ANDERSON, PETER
 STREET ADDRESS 4102 BULLS BAY HIGHWAY
 CITY-ST-ZIP JACKSONVILLE, FL 32219

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
 NAME JOOST, HOBART
 STREET ADDRESS ONE INDEPENDENT DRIVE
 CITY-ST-ZIP JACKSONVILLE, FL 32207

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:

B. Jeanette Dixon **B. Jeanette Dixon, Treasurer**

2/8/00

**404-
 692-4212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)