

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16935

1. Entity Name

HISTORIC SPRINGFIELD COMMUNITY COUNCIL OF JACKSO

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90093 025 ****61.25

Principal Place of Business

210 W 7TH ST
JACKSONVILLE FL 32206
US

Mailing Address

210 W 7TH ST
JACKSONVILLE FL 32206-4436
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2810273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

METZ, TOM
1954 N PEARL ST
JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent

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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	FROST, ART	
STREET ADDRESS	1626 N LIBERTY ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	DONAHOE, DON	
STREET ADDRESS	1644 N PEARL ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MARCEAUX, TROY	
STREET ADDRESS	414 E 3RD ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TILL, PATRICIA	
STREET ADDRESS	1636 N PEARL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stan ward	
STREET ADDRESS	1721 Silver ST	
CITY-ST-ZIP	Jacksonville FL 32206	
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Stuck	
STREET ADDRESS	1506 Silver ST	
CITY-ST-ZIP	Jacksonville FL 32206	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Lou Beyreis	
STREET ADDRESS	1845 Silver ST	
CITY-ST-ZIP	Jacksonville FL 32206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E037 (9/99)