

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90113 049 ****61.25

0010861

DOCUMENT # N16935

1. Entity Name

HISTORIC SPRINGFIELD COMMUNITY COUNCIL OF JACKSO

Principal Place of Business

**210 W 7TH ST
 JACKSONVILLE FL 32206
 US**

Mailing Address

**210 W 7TH ST
 JACKSONVILLE FL 32206
 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

7. Name and Address of New Registered Agent

**METZ, TOM
 1954 N PEARL ST
 JACKSONVILLE FL 32206**

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	CD	<input checked="" type="checkbox"/> Delete
NAME	WARD, STAN	
STREET ADDRESS	1721 SILVER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	STOCK, JAMES	
STREET ADDRESS	1506 SILVER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BEYREIS, MARY LOU	
STREET ADDRESS	1845 SILVER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	SD	<input checked="" 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		

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Stock	
STREET ADDRESS	1506 Silver Street	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stan Ward	
STREET ADDRESS	1721 Silver Street	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlton Robinson	
STREET ADDRESS	330 E 5th Street	
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 like empowered.

SIGNATURE: MARY LOU BEYREIS **1-24-01 904 355-5012**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)