

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90003 034 ****70.00

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DOCUMENT # N19067

1. Entity Name

NESRA OF NORTHEAST FLORIDA, INC.

Principal Place of Business

MELANIE MCGREGOR
11635 LADY CLARE CT.
JACKSONVILLE FL 32223

Mailing Address

P.O. BOX 56695
JACKSONVILLE FL 32241

2. Principal Place of Business

1492 Belleshore Circle

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Jacksonville

Zip

32218

Country

Duval

Zip

32218

Country

FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGREGOR, MELANIE
11635 LADY CLARE CT.
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name Renee' Wells

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

1492 Belleshore Circle

City

Jacksonville

FL

Zip Code

32218

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

Renee' Wells

Renee' Wells

3/31/01

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 PD
NAME MCGREGOR, MELANIE
STREET ADDRESS 11635 LADY CLARE CT
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

TITLE VPD
NAME EDWARDS, ANGELA
STREET ADDRESS 1562 ATLANTIC BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE SD
NAME GRAY, JOSEY
STREET ADDRESS 10151 DEERWOOD PARK BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE TD
NAME BUIE, CAROL
STREET ADDRESS 323 E BAY STREET
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE PD
NAME TOMLINSON, WILLIAM
STREET ADDRESS 4567 ST. JOHNS BLUFF RD S
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition
NAME JOSEY GRAY
STREET ADDRESS 10151 Deerwood Pk Blvd, B200, S300
CITY-ST-ZIP Jacksonville, FL 32256

TITLE Vice President ☐ Change ☒ Addition
NAME ANGELA EDWARDS
STREET ADDRESS 1562 ATLANTIC Blvd
CITY-ST-ZIP Jacksonville, FL 32207

TITLE Secretary ☒ Change ☐ Addition
NAME Lisa Sheridan
STREET ADDRESS 8000 Baymeadows Way, Suite 4144
CITY-ST-ZIP Jacksonville, FL 32256

TITLE TREASURER ☒ Change ☐ Addition
NAME MARY PURIFOY
STREET ADDRESS 1450 W. Church St.
CITY-ST-ZIP Jacksonville, FL 32204

TITLE Past President ☒ Change ☐ Addition
NAME Melanie McGregor
STREET ADDRESS 11635 Lady Claire Ct.
CITY-ST-ZIP Jacksonville, FL 32223

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

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: JOSEY GRAY 3/31/01 904 998-6908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)