

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90724 010 ****61.25

DOCUMENT # N23674

1. Entity Name

THE NORTHEAST FLORIDA CHAPTER OF NATIONAL SPA & POOL INSTITUTE, INC.



Principal Place of Business

258 BANGSBERG RD
PORT CHARLOTTE FL 33952
US

Mailing Address

258 BANGSBERG RD
PORT CHARLOTTE FL 33952
US

2. Principal Place of Business

2811-D Tamiami Tr
Suite, Apt. #, etc.

3. Mailing Address

2811-D Tamiami Tr
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Port Charlotte FL

City & State

Port Charlotte FL

4. FEI Number 59-2856307

Applied For
Not Applicable

Zip

33952

Country

USA

Zip

33952

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROOKS, MITCHELL T
258 BANGSBERG RD SE
PORT CHARLOTTE FL 33952

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	CLAY, ANDREWS	
STREET ADDRESS	2251 URBAN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DR	☐ Delete
NAME	LANDREGAN, SUSAN	
STREET ADDRESS	2900 DAWN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	☐ Delete
NAME	PATE, DEBORAH	
STREET ADDRESS	8608 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	PD	☐ Delete
NAME	WILLIAMSON, DAVID	
STREET ADDRESS	7952 NORMANDY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VD	☐ Delete
NAME	Jim Batts	
STREET ADDRESS	1402 3rd St. N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32250	
TITLE	STD	☐ Delete
NAME	Bonnie Skaggs	
STREET ADDRESS	8608 Beach Blvd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	Jordan Clarkson	
STREET ADDRESS	13994-4 Beach Blvd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	D	☐ Change ☒ Addition
NAME	John Scott	
STREET ADDRESS	317 Beach Blvd	
CITY-ST-ZIP	JACKSONVILLE, FL 32250	
TITLE	D	☐ Change ☒ Addition
NAME	Bill Parry	
STREET ADDRESS	4571 St Augustine Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	☐ Change ☒ Addition
NAME	David Pruette	
STREET ADDRESS	331-8 Parkridge Ave	
CITY-ST-ZIP	Orange Park, FL 32065	
TITLE	D	☐ Change ☒ Addition
NAME	Stephanie Mann	
STREET ADDRESS	109-50-47 San Jose Blvd	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	D	☐ Change ☒ Addition
NAME	Joe Fitzsimmons	
STREET ADDRESS	891 Blanding Blvd.	
CITY-ST-ZIP	Orange Park, FL 32065	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 09.07(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 REQUIRED

President 3/19/03

9043884674

CR2E037 (10/02)

REF.	DATE	NAME OR PROJECT	DETAILS OF MEETING - AGREEMENTS - DECISIONS	TIME
1		<u>Additions Continued</u>	Attachment	7:00-3:30 PM
2			Attachment	N:23674
3	D	Richard Lawrence		
4		3420 Agricultural Center Dr. # 7, 8+9		
5		St Augustine, FL 32084		
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8	D	Ken Yancy		
9		316 Frog Hollow Rd.		
10		Orange Park, FL 32073		
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