

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30016

1. Entity Name

FERNANDINA BEACH HIGH SCHOOL ALUMNI ASSOCIATION,

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

04-14-2000 90068 018 ****61.25

Principal Place of Business

515 CITRONA DRIVE
FERNANDINA BEACH FL 32034

Mailing Address

POST OFFICE BOX 84
FERNANDINA BEACH FL 32035-0084
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 **59-2949150**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

POOLE, WESLEY R.
303 CENTRE STREET, SUITE #200
PO BOX P
FERNANDINA BEACH FL 32034

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 **PD** ☒ Delete
NAME **BURNS, JIM**
STREET ADDRESS **28 NORTH 4TH STREET**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **VD** ☐ Delete
NAME **NIELSEN, BETTY**
STREET ADDRESS **287 MARSH LAKES DRIVE**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **SD** ☒ Delete
NAME **COOK, GAIL**
STREET ADDRESS **1708 PHILIPS MANOR ROAD**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **TD** ☐ Delete
NAME **HICKOX, STEPHANIE**
STREET ADDRESS **2633 SOUTH 14TH STREET**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **NIELSEN, Betty**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **Page, Kim**
STREET ADDRESS **3010 6th Street**
CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE **SD** ☐ Change ☒ Addition
NAME **Townsend, Barbie**
STREET ADDRESS **215 Marsh Lakes Ct.**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

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

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

TITLE ☐ Change ☐ 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: *Stephanie Hickox*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/14/2000** Daytime Phone # **904-261-3350**

CR2E037 (9/99)