

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30016

1. Entity Name

FERNANDINA BEACH HIGH SCHOOL ALUMNI ASSOCIATION,

Principal Place of Business

515 CITRONA DRIVE
FERNANDINA BEACH FL 32034

Mailing Address

~~POST OFFICE BOX 84~~
FERNANDINA BEACH FL 32035
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 15726

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2949150

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 PD
NAME NELSON, BETTY
STREET ADDRESS 28 NORTH 4TH STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☒ Delete

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

TITLE VD
NAME PAGE, KIM
STREET ADDRESS 301 6TH STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete

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

TITLE SD
NAME COOK, GAIL
STREET ADDRESS 215 MARSH LAKES CT
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Williams, Jana
STREET ADDRESS 372 Pinney Island
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90335 017 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)