

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0057675

**DOCUMENT # N30016**

1. Entity Name

**FERNANDINA BEACH HIGH SCHOOL ALUMNI ASSOCIATION, INC.**

Principal Place of Business

515 CITRONA DRIVE  
FERNANDINA BEACH FL 32034

Mailing Address

POST OFFICE BOX 15726  
FERNANDINA BEACH FL 32035  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2949150**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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 **PAGE, KIM**  
STREET ADDRESS **301 6TH STREET**  
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **VD** ☐ Delete  
NAME ~~**COOK, GAIL**~~  
STREET ADDRESS **215 MARSH LAKES CT**  
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 **SD** ☐ Delete  
NAME **WILLIAMS, JANA**  
STREET ADDRESS **372 PINNEY ISLAND**  
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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE **SD** ☐ Change ☒ Addition  
NAME **Kathleen Hardee**  
STREET ADDRESS **1612 Dade Street**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

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

**4/3/02**

Date

**904-261-3350**

Daytime Phone #

CR2E037 (9/01)