

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91198 043 \*\*\*\*61.25

**DOCUMENT # N34932**

1. Entity Name  
**GREEN COVE SPRINGS PRESERVATION SOCIETY, INC.**



Principal Place of Business  
**2301 PARK AVENUE  
STE. 402  
ORANGE PARK FL 32073**

Mailing Address  
**2301 PARK AVENUE  
STE. 402  
ORANGE PARK FL 32073**

2. Principal Place of Business  
**428 WALNUT STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**428 WALNUT STREET**  
Suite, Apt. #, etc.

City & State  
**GREEN COVE SPRINGS, FL**

City & State  
**GREEN COVE SPRINGS, FL**

4. FEI Number **59-2955403**

Applied For  
☐ Not Applicable

Zip  
**32043**

Country

Zip  
**32043**

Country

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

**6. Name and Address of Current Registered Agent**

**DUVAL, STEPHEN J.  
2301 PARK AVENUE  
SUITE 402  
ORANGE PARK FL 32073**

**7. Name and Address of New Registered Agent**

Name  
**DUVAL, STEPHEN J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**428 WALNUT STREET**  
City  
**GREEN COVE SPRINGS, FL** Zip Code  
**32043**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

*STEPHEN J. DUVAL*  
*President*

*2-19-03*

(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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUVAL, STEPHEN J 500 MYRTLE AVE GREEN COVE SPRGS FL 32043</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DUVAL, SHIRLEY E 500 MYRTLE AVE GREEN COVE SPRGS FL 32043</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DUVAL, CARY V 605 MYRTLE AVE GREEN COVE SPRINGS FL 32043</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*  
**SIGNATURE REQUIRED**

*2-19-03*

*904  
269-1067*

CR2E037 (10/02)