

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90048 011 ****61.25

DOCUMENT # N38933

1. Entity Name

**ENVIRONMENTAL EDUCATION RESOURCE COUNCIL OF NORT
HEAST FLORIDA, INC.**

Principal Place of Business

Mailing Address

**233 MARINE CENTER DRIVE
ST. AUGUSTINE FL 32090
US**

**4567 ST JOHNS BLUFF ROAD S
JACKSONVILLE FL 32224
US**

2. Principal Place of Business

3. Mailing Address

590 Deerfield Road Suite, Apt. #, etc.

590 Deerfield Road Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number

59-3011947

Applied For

Not Applicable

Zip

Country

32095

USA

Zip

Country

32095 St. Johns

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

**FLEMING, BEVERLY
490 DEERFIELD ROAD
ST.AUGUSTINE FL 32095**

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

Beverly J. Fleming

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 ☐ Delete
NAME **PD**
STREET ADDRESS **FLEMING, BEVERLY J**
CITY-ST-ZIP **490 DEERFIELD ROAD
ST. AUGUSTINE FL 32095**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BAILEY, SARAH**
CITY-ST-ZIP **2202 BISHOP ESTATES RD
JACKSONVILLE FL 32095**

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

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **STAY, TONI**
CITY-ST-ZIP **2191 TOCOI TERRACE
ST AUGUSTINE FL 32092**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

Beverly J. Fleming

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0060195