

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N41691**

1. Entity Name

EAST NASSAU COUNTY-FLORIDA CHAPTER #4608 OF AMER**FILED**
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90179 015 *****61.25

0006432

Principal Place of Business

C/O W.R. HARTSHORN
150 IBIS CT
FERNANDINA BEACH FL 32034
US

Mailing Address

C/O W.R. HARTSHORN
150 IBIS CT
FERNANDINA BEACH FL 32034
US

00034236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

HARTSHORN, WILLIAM
150 IBIS CT
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 \$61.259. 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 **P** ☐ Delete
NAME **RISNER, CARYL**
STREET ADDRESS **2700 MIZELLE ST., APT. 502A**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **JONES, FAY**
STREET ADDRESS **1543 N. FLETCHER**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **HARTSHORN, WILLIAM**
STREET ADDRESS **150 IBIS COURT**
CITY-ST-ZIP **FERNANDINA BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MEGNA, JOHN**
STREET ADDRESS **631 TARPON AVE SUITE 6402**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **HALL, LOIS B**
STREET ADDRESS **2813 OCEAN MIST DR**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**TITLE **V** ☐ Change ☒ Addition
NAME **BRANDWICK, SYLVIA**
STREET ADDRESS **2107 LUMINA COURT**
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**TITLE **D** ☐ Delete
NAME **ANNIE, LAWRENCE P**
STREET ADDRESS **1650 N. FLETCHER**
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:

William R. Hartshorn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/12/01
Date904-277-8715
Daytime Phone #

CR2E037 (10/00)