

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90031 049 \*\*\*\*61.25

**DOCUMENT # N42624**

1. Entity Name

**EIGHT FLAGS SHRIMP FESTIVAL, INCORPORATED**

Principal Place of Business

P.O. BOX 6146  
 FERNANDINA BEACH FL 32035-6146  
 US

Mailing Address

P.O. BOX 6146  
 FERNANDINA BEACH FL 32035-6146  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3054438**

Applied For

Not Applicable

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 ST**  
**SUITE 200**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	P PRICE, SANDRA L 2763 LONGBOAT DR FERNANDINA BCH FL 32035 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALTERS, JUDITH R 3967 1ST AVENUE FERN BEACH FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MARTIN, ANNE M 110 SOUTH 5TH STREET FERN BEACH FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADDOCK, GREG 18 SOUTH 20TH STREET FERN BEACH FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, BEANO P O BOX 87 FERNANDINA BEACH FL 32035 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHWELL, BRENDA P O BOX 668 FERN BEACH FL 32035 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2862 Park Square Place
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	Treasurer Kelli Adkins 1905 Lakeside Dr. South Fernandina Beach, FL 32034 <input type="checkbox"/> Change <input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00

904-261-9550

Date

Daytime Phone #