

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90246 015 \*\*\*\*61.25

**DOCUMENT # N42624**

1. Entity Name

**EIGHT FLAGS SHRIMP FESTIVAL, INCORPORATED**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

**Fernandina Beach**

**P.O. Box 6146**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Fernandina Beach, FL**

City & State

**Fernandina Bch FL**

Zip

**32034**

Country

**Nassau**

Zip

**32035**

Country

**Nassau**

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 **ED** ☐ Delete  
 NAME **PRICE, SANDRA L**  
 STREET ADDRESS **2763 LONGBOAT DR**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **Treasurer** ☐ Change ☒ Addition  
 NAME **Charmaine V. Woodward**  
 STREET ADDRESS **1787 Chester Rd**  
 CITY-ST-ZIP **Yulee, FL 32097**

TITLE **C** ☒ Delete  
 NAME **WALTERS, JUDITH R**  
 STREET ADDRESS **2862 PARK SQUARE PLACE**  
 CITY-ST-ZIP **FERN BEACH FL 32034**

TITLE **J** ☐ Change ☒ Addition  
 NAME **Richard Bradford**  
 STREET ADDRESS **23 Sq. 5th Street**  
 CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE **TS** ☒ Delete  
 NAME **MARTIN, ANNE M**  
 STREET ADDRESS **110 SOUTH 5TH STREET**  
 CITY-ST-ZIP **FERN BEACH FL 32034**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Todd Duncan**  
 STREET ADDRESS **31010 Paradise Commons apt 423**  
 CITY-ST-ZIP **Fernandina Bch FL 32034**

TITLE **D** ☐ Delete  
 NAME **HADDOCK, GREG**  
 STREET ADDRESS **18 SOUTH 20TH STREET**  
 CITY-ST-ZIP **FERN BEACH FL 32034**

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

TITLE **D** ☐ Delete  
 NAME **ROBERTS, BEANO**  
 STREET ADDRESS **P O BOX 87**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32035**

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

TITLE **T** ☒ Delete  
 NAME **ADKINS, KELLI**  
 STREET ADDRESS **1905 LAKESIDE DR S**  
 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Sandy L. Price** **2/5/02** **904.261.9504**

CR2E037 (9/01)