

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

DOCUMENT # N42624

1. Entity Name

EIGHT FLAGS SHRIMP FESTIVAL, INCORPORATED



Principal Place of Business

**FERNANDINA BEACH
FERNANDINA BEACH FL 32034
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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 203**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☒ Change ☐ Addition
NAME **203 Bonnieview Rd**
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☐ Delete
NAME **BRADFORD, RICHARD**
STREET ADDRESS **23 SQ 5 STREET**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

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

TITLE **T** ☐ Delete
NAME **WOODWARD, CHARMAINE**
STREET ADDRESS **1787 CHESTER ROAD**
CITY-ST-ZIP **YULEE FL 32097**

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

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 **S** ☐ Delete
NAME **DUNCAN, TODD**
STREET ADDRESS **31010 PARADISE COMMONS #423**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **86153 Fieldstone**
CITY-ST-ZIP **Yulee, FL 32097**

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: **Sandra L Price** **USANDRA L. PRICE** **3/5/03** **904.261.9504**

CR2E037 (10/02)