

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90086 034 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000000839

1. Entity Name

BUSINESS DEVELOPMENT CORPORATION OF NORTHEAST FLORIDA, INC.

Principal Place of Business

Mailing Address

**9143 PHILLIPS HIGHWAY
 SUITE 350
 JACKSONVILLE FL 32256**

**9143 PHILLIPS HIGHWAY
 SUITE 350
 JACKSONVILLE FL 32256**

2. Principal Place of Business

6850 Belfort Oaks Place

3. Mailing Address

6850 Belfort Oaks Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3156354

Applied For

Not Applicable

Zip

32216

Country

Zip

32216

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

**TEEPLE, BRIAN D
 9143 PHILLIPS HWY
 SUITE 350
 JACKSONVILLE FL 32256**

Name

Street Address (P.O. Box Number is Not Acceptable)
6850 Belfort Oaks Place

City
Jacksonville

FL

Zip Code

32216

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 ☐ Delete
PD
 NAME **TEEPLE, BRIAN D**
 STREET ADDRESS **9143 PHILLIPS HWY #350**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6850 Belfort Oaks Place**
 CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **ORIENT, PASS**
 CITY-ST-ZIP **1734 KINGSLEY AVE
 ORANGE PARK FL**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **MYERS, VERNON**
 CITY-ST-ZIP **350 STATE ROAD 19 NORTH
 PALATKA FL**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **MYERS, LINDA**
 CITY-ST-ZIP **620-C HWY 19 SOUTH
 PALATKA FL 32177**

TITLE ☒ Change ☐ Addition
 NAME **TD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **LASSITER, GLENN**
 CITY-ST-ZIP **5937 JOHN WILKINSON ROAD
 MAXVILLE FL 32043**

TITLE ☒ Change ☐ Addition
 NAME **C**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JORDAN, MARY**
 CITY-ST-ZIP **1900 FOURTEENTH STREET
 FERNANDINA BEACH FL 32034**

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)