

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001355

1. Entity Name

FERNANDINA BEACH POP WARNER ASSOCIATION, INC.

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90075 037 \*\*\*\*61.25

Principal Place of Business

FERNANDINA BEACH POP WARNER  
P.O. BOX 6307  
FERNANDINA BEACH FL 32035

Mailing Address

FERNANDINA BEACH POP WARNER  
P.O. BOX 6307  
FERNANDINA BEACH FL 32035-6307

00007464



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

MORRISSEY, BRIAN D  
406 ASH STREET  
FERNANDINA BEACH FL 32035

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	D	<input checked="" type="checkbox"/> Delete
NAME	BECK, ALBERTA	
STREET ADDRESS	874 ATLANTIC VIEW DR.	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, SCOTT	
STREET ADDRESS	P O BOX 478	
CITY-ST-ZIP	YULEE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DUNLAP, CHRISTINA	
STREET ADDRESS	3722 MORGANS WAY	
CITY-ST-ZIP	YULEE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STEWART, BARBARA	
STREET ADDRESS	502 STANLEY DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spence, Jerooa C	
STREET ADDRESS	309 SILVER ST	
CITY-ST-ZIP	F.B. FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ramkioter	
STREET ADDRESS	285 S. Fletcher Ave.	
CITY-ST-ZIP	Fern. Bch. FL. 32034	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Potachnik	
STREET ADDRESS	1668 Clinch Drive	
CITY-ST-ZIP	Fern. Bch. FL. 32034	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anita Wilcox	
STREET ADDRESS	4292 Calhoun Way	
CITY-ST-ZIP	Fern. Bch. FL. 32034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Anita Wilcox  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/00

904-261-9000

FILED 1/22/00