

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-30-2001 90128 004 ****61.25

DOCUMENT # N94000001355

1. Entity Name

FERNANDINA BEACH POP WARNER ASSOCIATION, INC.

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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORRISSEY, BRIAN D
406 ASH STREET
FERNANDINA BEACH FL 32035**

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCE, TERESA	
STREET ADDRESS	309 16TH ST	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIETER, PAM	
STREET ADDRESS	285 S. FLETCHER AVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	S	<input type="checkbox"/> Delete
NAME	POTOCHNIK, MARY	
STREET ADDRESS	1668 CLINCH DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILCOX, ANITA	
STREET ADDRESS	4292 CALHOUN WAY	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Potochnik, Mary	
STREET ADDRESS	1668 Clinch Drive	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Middleton, Joyce	
STREET ADDRESS	1285 Gerbing Road	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Molumby, Stephen	
STREET ADDRESS	2633 McGregor Blvd.	
CITY-ST-ZIP	Fernandina Beach, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 12th 01 (904) 264-2980

Date

Daytime Phone #

CR2E037 (10/00)