

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

4/1

04-11-2003 90186 025 ****61.25

DOCUMENT # N95000002167

1. Entity Name
FRIENDS ACROSS THE SEA, INC.



Principal Place of Business
**9737 PRESTON TRAIL
PONTE VEDRA BEACH FL 32082
US**

Mailing Address
**30 PLAYERS CLUB VILLAS
PONTE VEDRA BEACH FL 32082
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PONTE VEDRA BEACH, FL

4. FEI Number **59-3348609**

Applied For

Not Applicable

Zip

Country

Zip
32004

Country
US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MELCHING, STEVE
20 PLAYERS CLUB VILLAS
PONTE VEDRA BEACH FL 32082**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MELCHING, STEVE
20 PLAYERS CLUB VILLAS
PONTE VEDRA BEACH FL 32082** ☐ Delete **(D)**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ROONEY, JACKIE
9652 PRESTON TRAIL WEST
PONTE VEDRA BEACH FL 32082** ☐ Delete **(D)**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
KIRBY, PAUL
P.O. BOX 2359
PONTE VEDRA BEACH FL 32004** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
CAROL SALINAS
24619 INDIAN MIDDEN WAY
PONTE VEDRA BEACH, FL 32082** ☐ Change ☒ Addition **(D)**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PETERSON, WANDA
116 OSPREY RIDGE
PONTE VEDRA BEACH FL 32082** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
CHRIS DAVISON
4 SAWGRASS VILLAGE SUITE 140F
PONTE VEDRA BEACH, FL 32082** ☐ Change ☒ Addition **(D)**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GEBHART, MARY
123 SEAHAWK WAY
PONTE VEDRA BEACH FL 32082** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
JOSEPHINE SOLT
121 ALSACE COURT
PONTE VEDRA BEACH, FL 32082** ☐ Change ☐ Addition **(D)**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DUSS, SUSAN
2315 SAN JUAN DRIVE
PONTE VEDRA BEACH FL 32082** ☐ Delete

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

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:

STEPHEN D. MELCHING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03 (904) 285-3743
Date Daytime Phone #

(D) - DIRECTOR

CR2E037 (10/02)