

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003631

1. Entity Name

NASSAU COUNTY COALITION OF SERVICE AGENCIES, INC

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90079 009 ****70.00

Principal Place of Business

Mailing Address

1890 S. 14TH ST., STE. 312
FDNA. BCH. FL 32034

1890 S. 14TH ST., STE. 312
FDNA. BCH. FL 32034-4742

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

APPLIED FOR

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

TOMASSETTI, A. JEFFREY
406 ASH STREET
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/00

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 VC
NAME OXLEY, CHIP ☐ Delete
STREET ADDRESS P.O. OX 1908
CITY-ST-ZIP CALLAHAN FL 32011

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

TITLE C
NAME SUTTON, RACHEL D ☐ Delete
STREET ADDRESS 1890 SO. 14TH ST SUITE 312
CITY-ST-ZIP FDNA. BCH. FL 32034

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

TITLE ST
NAME STRICKLAND, BETH ☐ Delete
STREET ADDRESS P.O. BOX 156
CITY-ST-ZIP FDNA. BCH. FL 32034

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

TITLE D
NAME COOK, BETTY ☐ Delete
STREET ADDRESS ROUTE 1, BOX 1080
CITY-ST-ZIP CALLAHAN FL 32011

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

TITLE D
NAME FOUNTAIN, SHIELA ☐ Delete
STREET ADDRESS 500 CENTRE STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32034

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

TITLE D
NAME PEEPLES, BARBARA L ☐ Delete
STREET ADDRESS 130 NO. 3RD STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ 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 (9/99)