

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004267

1. Entity Name

NASSAU COUNTY WRITERS AND POETS SOCIETY, INC.

Principal Place of Business

2188 CUMBERLAND CT.
FERNANDINA BEACH FL 32034

Mailing Address

2188 CUMBERLAND CT.
FERNANDINA BEACH FL 32034

2. Principal Place of Business

994 Blackmon Rd

3. Mailing Address

994 Blackmon Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Yulee, FL

City & State

Yulee, FL

Zip

32097

Country

NASSAU

Zip

32097

Country

NASSAU

6. Name and Address of Current Registered Agent

TUTTLE, DAVID T SR.
994 BLACKMON RD.
YULEE FL 32097

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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

David T. Tuttle Sr.

JAN 19, 2001

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
TUTTLE, DAVID T SR
994 BLACKMON RD
YULEE FL 32097 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
PARKER, DON
2714 LE SABRE PLACE
AMELIA ISLAND FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
TUTTLE, BARBARA
994 BLACKMON RD
YULEE FL 32097 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
MCCAFFREY, JAN
2188 CUMBERLAND CT
FERNANDINA BCH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
SNEDAKER, REES
219 LIGHTHOUSE CIR
FERNANDINA BCH, FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

David T. Tuttle Sr.

JAN 19, 2001

904.225.0689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)