

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004019

1. Entity Name

FIRST COAST POST POLIO SUPPORT GROUP, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90040 011 ****61.25

Principal Place of Business Mailing Address
3221 ST NICHOLAS AVE PO BOX 19635
JACKSONVILLE FL 32250 JACKSONVILLE FL 32245-0835
US US

2. Principal Place of Business 3. Mailing Address
2785 Holly Point 2785 Holly Point
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orange Park, Florida Orange Park, Florida
Zip Country Zip Country
32073 USA 32073 USA

4. FEI Number Applied For
59-3395813 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TAWNEY, JOSEPH
3221 ST NICHOLAS ST
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent
Name Stuart Caplin MD
Street Address (P.O. Box Number is Not Acceptable) 2785 Holly Point
City Orange Park FL Zip Code 32273

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 Stuart Caplin MD. *Stuart Caplin* 4/24/00
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 \$5.00 May Be Added to Fees
Trust Fund Contribution. ☐

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TAWNEY, JOSEPH	
STREET ADDRESS	3221 ST NICHOLAS ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CAPLIN, STUART	
STREET ADDRESS	2785 E HOLLY POINT	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NORTON, MARY LOU	
STREET ADDRESS	2638 LONG BOW COURT SOUTH	
CITY-ST-ZIP	PONTE VERDA BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RAKER, JOSEPH	
STREET ADDRESS	1608 SOUTH EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRIDGES, SUE	
STREET ADDRESS	2717 FRASNO DR	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NESS, PHIL	
STREET ADDRESS	2717 FRESNO DR	
CITY-ST-ZIP	JACKSONVILLE FL 32250	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stuart Caplin MD	
STREET ADDRESS	2785 Holy Point	
CITY-ST-ZIP	Orange Park, Florida 32273	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herb Anderson	
STREET ADDRESS	PO Box 54213	
CITY-ST-ZIP	Jacksonville, florida 32245	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen Ferguson	
STREET ADDRESS	8643 Deermoss Way East	
CITY-ST-ZIP	Jacksonville, Florida 32217	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phillip Ness	
STREET ADDRESS	2717 Fresno Dr.	
CITY-ST-ZIP	Jacksonville, Fl. 32250	
TITLE	Trustee	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue Bridges	
STREET ADDRESS	2717 Fresno Dr	
CITY-ST-ZIP	Jacksonville, Fl. 32250	
TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Claude Harper	
STREET ADDRESS	13658 Gordonina Court	
CITY-ST-ZIP	Jacksonville, Fl. 32224	

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: *Stuart Caplin* 4/24/00 904-269-1625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)