

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90863 015 \*\*\*\*61.25

**DOCUMENT # N98000003316**

1. Entity Name

**MAYPORT VILLAGE CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1300 PALMER STREET  
MAYPORT FL 32233**

**1300 PALMER STREET  
MAYPORT FL 32233**

2. Principal Place of Business

**1441 PALMER ST**

Suite, Apt. #, etc.

3. Mailing Address

**1441 PALMER ST.**

Suite, Apt. #, etc.

City & State

**MAYPORT, FL**

Zip  
**32233**

Country  
**FLORIDA**

City & State

**MAYPORT, FL**

Zip  
**32233**

Country  
**FLORIDA**

4. FEI Number **59-3087177**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, N K  
1433 FERRIS STREET  
MAYPORT FL 32233**

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 ☐ Delete  
NAME **FISHER, DAVID J**  
STREET ADDRESS **4636 RIBAUT PARK ST.**  
CITY-ST-ZIP **MAYPORT FL 32233**

TITLE ☐ Delete  
NAME **NEWELL, M A**  
STREET ADDRESS **1305 PALMER STREET**  
CITY-ST-ZIP **MAYPORT FL 32233**

TITLE ☐ Delete  
NAME **SMITH, N K**  
STREET ADDRESS **1433 FERRIS STREET**  
CITY-ST-ZIP **MAYPORT FL 32233**

TITLE ☐ Delete  
NAME **GREENWELL, TYLER**  
STREET ADDRESS **1410 PALMER STREET**  
CITY-ST-ZIP **MAYPORT FL 32233**

TITLE ☐ Delete  
NAME **HEWITT, BENNY**  
STREET ADDRESS **1325 FERRIS STREET**  
CITY-ST-ZIP **MAYPORT FL 32233**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **JANICE STRICKLAND**  
STREET ADDRESS **1441 PALMER ST.**  
CITY-ST-ZIP **MAYPORT, FL 32233**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

**NOTARIZATION REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-8-02 904-249-8948**

CR2E037 (9/01)