

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90348 037 ****61.25

DOCUMENT # N98000003505

1. Entity Name

SCENIC AMERICA-FLORIDA CHAPTER, INC.

a/k/a Citizens for a Scenic Florida

Principal Place of Business

Mailing Address

**4401 EMERSON STREET
 SUITE 10
 JACKSONVILLE FL 32207**

**4401 EMERSON STREET
 SUITE 10
 JACKSONVILLE FL 32207**

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 **59-3516846**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEW ADDRESS

BRINTON, WILLIAM D
ONE INDEPENDENT DR, STE 3200
JACKSONVILLE FL 32202-5026
 1301 River Place Blvd.
 Suite 1500
 Jacksonville, FL 32207

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **VCSD**
 STREET ADDRESS **BRINTON, WILLIAM D**
 CITY-ST-ZIP **ONE INDEPENDENT DR, STE 3200**
JACKSONVILLE FL 32202-5026

TITLE ☒ Change ☐ Addition
 NAME **Chairman/Secretary/Director**
 STREET ADDRESS **William D. Brinton**
 CITY-ST-ZIP **1301 River Place Blvd. Suite 1500**
Jacksonville, FL 32207

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **JONSON, WILLIAM C**
 CITY-ST-ZIP **2894 REDFORD COURT W**
CLEARWATER FL 34621

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

TITLE ☒ Delete
 NAME **CD**
 STREET ADDRESS **WHEAT, PENNY**
 CITY-ST-ZIP **PO BOX 981 N/A**
GAINESVILLE FL 32602-0981

TITLE ☐ Change ☒ Addition
 NAME **Exec. Vice Pres/Treasurer/Dir**
 STREET ADDRESS **Marion B. Hilliard**
 CITY-ST-ZIP **2902 Greenridge Road**
Orange Park, FL 32073-6412

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **BLOODGOOD, DARBY**
 CITY-ST-ZIP **6530 WOODLAND DR**
KEYSTON HEIGHTS FL 32656

TITLE ☐ Change ☒ Addition
 NAME **Vice-Chairman/Director**
 STREET ADDRESS **Wilton Rooks**
 CITY-ST-ZIP **151 Santa Monica Ave.**
St. Augustine, FL 32084

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **CONNORS, ROBERT**
 CITY-ST-ZIP **3311 HARBOR BEACH DR**
LAKE WALES FL 33853-8082

TITLE ☐ Change ☒ Addition
 NAME **Director/Vice President**
 STREET ADDRESS **Kathryn Starkey**
 CITY-ST-ZIP **10928 Alico Pass**
New Port Richey, FL 34655

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **COMPTON, CHER**
 CITY-ST-ZIP **525 5TH ST NW**
NAPLES FL 34120

TITLE ☐ Change ☒ Addition
 NAME **Russell Christensen, Director**
 STREET ADDRESS **119 Country Club Drive**
 CITY-ST-ZIP **Destin, FL 32541**

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: *Marion B. Hilliard* **Marion B. Hilliard** 26 Apr. 02 904-264-6619
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Executive Vice-President** Daytime Phone #

CR2E037 (9/01)