

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90064 047 \*\*\*\*61.25

**DOCUMENT # N98000003505**

1. Entity Name  
**SCENIC AMERICA-FLORIDA CHAPTER, INC.**



Principal Place of Business

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

Mailing Address

**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

4. FEI Number **59-3516846**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BRINTON, WILLIAM D  
~~ONE INDEPENDENT DR, STE 3200~~  
JACKSONVILLE FL 32202-5026**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1835 Challen Avenue**

City

**Jacksonville**

**FL**

Zip Code  
**32205**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **CSD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1835 Challen Avenue**  
CITY-ST-ZIP **32205**

TITLE **PD** ☐ Delete  
NAME **JONSON, WILLIAM C**  
STREET ADDRESS **2694 REDFORD COURT W**  
CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE **VPDT** ☐ Change ☒ Addition  
NAME **HILLIARD, MARION B**  
STREET ADDRESS **~~2902 GREENRIDGE ROAD~~**  
CITY-ST-ZIP **ORANGE PARK, FL 32073-6412**

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

TITLE **VCD** ☐ Change ☒ Addition  
NAME **ROOKS, WILTON**  
STREET ADDRESS **151 SANTA MONICA AVENUE**  
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

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

TITLE **VPD** ☐ Change ☒ Addition  
NAME **STARKEY, KATHRYN**  
STREET ADDRESS **10928 Alico Pass**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **JAGROWSKI, BARBARA**  
STREET ADDRESS **884 SPANISH WELLS DRIVE**  
CITY-ST-ZIP **MELBOURNE, FL 32940**

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

TITLE **VPD** ☐ Change ☒ Addition  
NAME **SWARTZ, GENA**  
STREET ADDRESS **1811 MAINE COURT**  
CITY-ST-ZIP **TAVARES, FL 32778**

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 3/23/2003**

904-264-6619

CR2E037 (10/02)