

2000 UNIFORM BUSINESS REPORT (UBR)

000164E

DOCUMENT # N98000005149

1. Entity Name

NORTHEAST FLORIDA PRESERVATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 11 PM 2:11

Principal Place of Business

48 KING STREET
ST. AUGUSTINE FL 32085

Mailing Address

P.O. BOX 4168
ST. AUGUSTINE FL 32085-4168

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

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

KEYS, LESLEE
48 KING STREET
ST. AUGUSTINE FL 32085

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
NAME
STREET ADDRESS
CITY-ST-ZIP
C
HUNT, E.L. ROY
P.O. BOX 117643
GAINESVILLE FL 32611-7643 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
STE. CLAIRE, DANA
1040 MUSEUM BLVD
DAYTONA BEACH FL 32114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
250 ST. GEORGE ST.
ST. AUGUSTINE, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIKES-KLINE, NANCY
15 MIRVELA AVE
ST AUGUSTINE FL 32084-3863 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUNNAVANT, SANDRA
P.O. BOX 627
GREEN COVE SPRINGS FL 32043 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HADEED, AL
1200 E MOODY BLVD #11
BUNNELL FL 32110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
4 OCEAN VISTA LANE
PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LITTLE, SUSAN
1863 OCEAN VILLAGE DR
AMELIA ISLAND FL 32034 ☐ Delete

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/00 (904) 823-9722

Date

Daytime Phone #

CR2E037 (9/99)

STATE OF FLORIDA		VOUCHER SCHEDULE		DATE	02/07/2000	S-W/Agency Voucher No.
OLC	450000	JT-2				000-0046-986
DEPARTMENT	DEPARTMENT OF STATE					003839
SITE	DEPARTMENT OF STATE					0
COMPTROLLER ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	TRANS CODE		
COMPTROLLER ACCOUNT NAME			25	45		
INVOICE	INVOICE AMOUNT	INCREASE AMOUNT		INCREASE AMOUNT		
5101000134-4520000000-04000000		4420	61.25			
EXPENSES						
INV: 000003023	61.25					
5202130001-4530000000-00010000					61.25	
FEES						
TRANSACTION TYPE: JOURNAL ADVICE		TOTAL		TOTAL		
		61.25		61.25		

I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.

For State Comptroller's Use Only

Time In

APPROVED:

Helene

Audited By

TITLE