

2002 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # N98000005149

1. Entity Name

NORTHEAST FLORIDA PRESERVATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 17 PM 4:01



DO NOT WRITE IN THIS SPACE

Principal Place of Business 48 KING STREET ST. AUGUSTINE FL 32085	Mailing Address P.O. BOX 4168 ST. AUGUSTINE FL 32085
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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 NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KEYS, LESLEE
48 KING STREET
ST. AUGUSTINE FL 32085

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, E.L. ROY P.O. BOX 117643 GAINESVILLE FL 32611-7643 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STE. CLAIRE, DANA 250 ST. GEORGE ST. ST. AUGUSTINE FL 32084 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEMING, KATHY 81 LIGHTHOUSE AVENUE ST AUGUSTINE FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNNAVANT, SANDRA P.O. BOX 627 GREEN COVE SPRINGS FL 32043 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKWOOD, NORMA K 4844 ARAPAHOE LANE JACKSONVILLE FL 32210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LITTLE, SUSAN 1863 OCEAN VILLAGE DR AMELIA ISLAND FL 32034 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, KENNETH 703 Emmett Avenue Palatka, FL 32177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHUTTLEWORTH, MARK 112 W. Georgia Avenue DeLand, FL 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, NANCY 2441 Foxwood Road, South Orange Park, FL 32073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROW, MARK 6419 Latchstring Court Melrose, FL 32666 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OXLEY, J.M."CHIP" 101 Nassau Place Yulee, FL 32097 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CAROLYN 1576 W. 13th Street Jacksonville, FL 32209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn Williams (625149 Williams) 2/25/02 (904) 620-2886

CR2E037 (9/01)

