

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000005149

FILED  
Sep 08, 2003  
Secretary of State

Entity Name: NORTHEAST FLORIDA PRESERVATION, INC.

## Current Principal Place of Business:

48 KING STREET  
ST. AUGUSTINE, FL 32085

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEYS, LESLEE  
48 KING STREET  
ST. AUGUSTINE, FL 32085 US

## Name and Address of New Registered Agent:

PARKER, SUSAN R  
48 KING STREET  
ST. AUGUSTINE, FL 32085 US

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: SUSAN R. PARKER

09/08/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CAMPBELL, KENNETH  
Address: 703 EMMETT AVENUE  
City-St-Zip: PALATKA, FL 32177

Title: C ( ) Delete  
Name: SHUTTLEWORTH, MARK  
Address: 112 W. GEORGIA AVE  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete  
Name: FLEMING, KATHY  
Address: 81 LIGHTHOUSE AVENUE  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D ( ) Delete  
Name: FREEMAN, NANCY  
Address: 2441 FOXWOOD ROAD, SOUTH  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: LOCKWOOD, NORMA K  
Address: 4844 ARAPAHOE LANE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: BARROW, MARK  
Address: 6419 LATCHSTRING COURT  
City-St-Zip: MELROSE, FL 32666

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BUSHNELL, JAY  
Address: 155 PINTO LANE  
City-St-Zip: DAYTONA BEACH, FL 32174

Title: D (X) Change ( ) Addition  
Name: LISSKA, EMILY  
Address: 317 A. PHILIP RANDOLPH WAY  
City-St-Zip: JACKSONVILLE, FL 32202

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WADSWORTH, GAIL  
Address: 3162 N. OCEAN SHORE BLVD.  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL WADSWORTH

D

09/08/2003

Electronic Signature of Signing Officer or Director

Date

CAROLYN WILIAMS  
UNIVERSITY OF NORTH FLORIDA  
4567 S. ST. JOHNS BLUFF ROAD  
JACKSONVILLE FL 32224