

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90120 022 ****61.25

DOCUMENT # N99000001880

1. Entity Name
FLORIDA QUALITY COUNCIL, INC.



Principal Place of Business

**2810 SOUTH US 1
FORT PIERCE FL 34982**

Mailing Address

**C/O MC RIDGELY
PO BOX 651068
VERO BEACH FL 32965**

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 **65-0912144**

Applied For

Not Applicable

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

**BARNETTE, NANCY A
6545 CORPORATE CENTER BLVD.
ORLANDO FL 32822**

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. 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	PD	<input checked="" type="checkbox"/> Delete
NAME	MCGARVEY, BLAISE	
STREET ADDRESS	3513 ROUNDTREE DRIVE	
CITY-ST-ZIP	COCOA FL 32920	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FENDLEY, PAMELA P	
STREET ADDRESS	218 HOUND RUN PLACE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PIERCE, RENEE B	
STREET ADDRESS	1255 FOREST LAKE DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERINO, BARBARA	
STREET ADDRESS	2001 CORPORATE BLVD, 101	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, FRANK	
STREET ADDRESS	14205 SW 75TH TERR	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin E. McHugh	
STREET ADDRESS	19151 Deerwood Park Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Nelson	
STREET ADDRESS	8001 Belfort Parkway, Suite 100	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norman C. Ridgely	
STREET ADDRESS	2810 South U.S. Hwy 1	
CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan J. Daily	
STREET ADDRESS	10401 Deerwood Park Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jan Greenberg	
STREET ADDRESS	767 S. State Road 7 Suite 21	
CITY-ST-ZIP	Marquette, FL 33068	

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 any attachment with an address, with an other one employed.

SIGNATURE: *Norman C. Ridgely* Norman C. Ridgely 4/18/03 772-462-4118

CR2E037 (10/02)