

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90237 008 \*\*\*\*61.25

**DOCUMENT # N99000002681**

1. Entity Name

**THE PARKS & RECREATION FOUNDATION OF NORTHEAST S  
 T. JOHNS COUNTY, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 2053  
 PONTE VEDRA BEACH FL 32004

POST OFFICE BOX 2053  
 PONTE VEDRA BEACH FL 32004

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

**59-3575685**

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

**MOTOLAW, INC.  
 50 N. LAURA STREET  
 SUITE 2750  
 JACKSONVILLE FL 32202**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	STORKERSON, LYNDA	
STREET ADDRESS	68 PLAYER CLUB VILLA ROAD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KOHNKE, MARY	
STREET ADDRESS	P.O. BOX 1213	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32004	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FLETCHER, PAUL Z.	
STREET ADDRESS	P.O. BOX 1219	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32004	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEVENS, R H	
STREET ADDRESS	BOX 1818	
CITY-ST-ZIP	PONTE VERDRE FL 32004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Robert Stevens* SIGNATURE: *Robert Stevens* Treasurer 1/8/02-285-4633  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)