

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097886

1. Entity Name
NASSAU INVESTMENT GROUP, INC.

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90048 011 ***150.00

Principal Place of Business

**119 CARDINAL STREET
YULEE FL 32097**

Mailing Address

**119 CARDINAL STREET
YULEE FL 32097**

2. Principal Place of Business

1913 SR 200 E AIA

3. Mailing Address

1913 SR 200 E AIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

YULEE, FL

City & State

Yulee, FL

Zip

32097

Country

Zip

32097

Country

4. FEI Number **59-3436301**

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

**F & L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202**

Name

LORIE L. MCCARROLL, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)

2334 E. STATE RD. 200, SUITE 300

City

FERNANDINA BEACH,

FL

Zip Code

32034

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

Lorie L. McCarroll

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ST
KENNEDY, DENNIS
119 CARDINAL STREET
YULEE FL**

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)