

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101694

1. Entity Name

TSB OF NASSAU COUNTY, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90062 029 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4254 SUMMER TRACE
FERNANDINA BEACH FL 37034

PO BOX 818
YULEE FL 32041-0818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3488483

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POOLE, WESLEY R
303 CENTRE ST., SUITE 200
FERNANDINA BEACH FL 32034

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

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, 2000 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 PD
NAME BROUSSARD, TERRY E
STREET ADDRESS 4254 SUMMER TRACE
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS 313 Otter Run Dr
CITY-ST-ZIP Fernandina Beh. FL 32034 ☒ Change ☐ Addition

TITLE STD
NAME BROUSSARD, SEWARD L
STREET ADDRESS 4254 SUMMER TRACE
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS 313 Otter Run Dr
CITY-ST-ZIP Fernandina Beh. FL 32034 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Wesley R. Poole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00

Date

904-261-4698

Daytime Phone #

CR2E034 (9/99)