

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101694

1. Entity Name

TSB OF NASSAU COUNTY, INC.

Principal Place of Business

4254 SUMMER TRACE
FERNANDINA BEACH FL 37034

Mailing Address

PO BOX 818
YULEE FL 32041-0818

2. Principal Place of Business

313 Otter Run Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fernandina Bch, FL

City & State

Zip

Country

32034

Nassau

Zip

Country

4. FEI Number

59-3488483

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BROUSSARD, TERRY E
313 OTTER RUN DR
FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BROUSSARD, SEWARD L
313 OTTER RUN DR
FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01

Date

904-261-4698

Daytime Phone #

047942

CR2E034 (10/00)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90058 024 ***150.00

00018377



DO NOT WRITE IN THIS SPACE