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

DOCUMENT # **706019**

1. Entity Name

ALCOHOLIC SERVICE CENTER INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20 WEST 4th STREET

Suite, Apt. #, etc.

3. Mailing Address

20 WEST 4th STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

592919095

Applied For

Not Applicable

Zip

32206

Country

USA

Zip

32206

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **STEVE HEYKENS**

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

6541 GREEN FERN LANE

City **JACKSONVILLE**

FL

Zip Code

32277

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

STEVE HEYKENS PRES.

NOTE: Registered Agent signatures required when reinstating!

DATE

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

FEE IS \$81.25
Initial or Amended UBR

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

TITLE	P/D
NAME	STEVE HEYKENS
STREET ADDRESS	6541 GREEN FERN LANE
CITY- ST- ZIP	JACKSONVILLE, FL 32277
TITLE	T/D
NAME	JACK JAXON
STREET ADDRESS	2031 SOUTH HAMPTON ROAD
CITY- ST- ZIP	JACKSONVILLE, FL 32207
TITLE	S/D
NAME	NANCY SCHILBE
STREET ADDRESS	5791 UNIV. CLUB BLVD N. #1010
CITY- ST- ZIP	JACKSONVILLE, FL 32277
TITLE	V/D
NAME	CLARK NEW
STREET ADDRESS	1346 AZALEA DRIVE
CITY- ST- ZIP	JACKSONVILLE, FL 32205
TITLE	D
NAME	FRED PENDLEY
STREET ADDRESS	6014 ROBBINS CIRCLE S.
CITY- ST- ZIP	JACKSONVILLE, FL 32211
TITLE	D
NAME	ROBERT HODGES
STREET ADDRESS	5680-2 ANSLEY ST.
CITY- ST- ZIP	JACKSONVILLE, FL 32211

TITLE	
NAME	
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CITY- ST- ZIP	
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CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like employment.

SIGNATURE:

JACK JAXON

JACK JAXON PRES. 824-02 904-3874661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

PAGE 2

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

Attachment

DOCUMENT #

706019

1. Entity Name

ALCOHOLIC SERVICE CENTER INC



874127

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2. Principal Place of Business

20 WEST 4th STREET

3. Mailing Address

20 WEST 4th STREET

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32206

Country

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Zip

32206

Country

USA

4. FEI Number

592919095

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name STEVE HEYKENS

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

651 GREENFERN LANE

City JACKSONVILLE

FL

Zip Code

32217

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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

STEVE HEYKENS PRES.

(NOTE: Registered Agent signature is required when reappointing)

DATE

8/23/02

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

FEES: \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D DALE SIMMONS
4083 SUNBAM ROAD
JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D KAREN HASHEY
1653 FAIR STREET
JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D ARLENE FARACCHIO
3022 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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SIGNATURE:

JACK JAXON PRES.

Date

Daytime Phone #

8/24/02 904-387-4661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)