

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737018

1. Entity Name

JACKSONVILLE BALLROOM DANCE ASSOCIATION, INC.

Principal Place of Business

10910 DOVER COVE LN
JACKSONVILLE FL 32225
US

Mailing Address

10910 DOVER COVE LN
JACKSONVILLE FL 32225-1546
US

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

59-3090251

Applied For

Not Applied

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

Name

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

City

FL

Zip Code

GEORGE P. PEEPLES, JR.
10910 DOVER COVE LN
JACKSONVILLE FL 32225

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	GEORGE P. PEEPLES, JR.	
STREET ADDRESS	10910 DOVER COVE LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCORD, NORMAN	
STREET ADDRESS	555 LAKEFIELD LN	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GIDDENS, ELSA	
STREET ADDRESS	P O BOX 954	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LUCHTMAN, DELORES	
STREET ADDRESS	10910 DOVER COVE LN	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

George P. Peeples, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2000 (904) 646-356
Date Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90108 021 ****61.25

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DO NOT WRITE IN THIS SPACE