

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 739177**

1. Entity Name  
**BLACK HAMMOCK ISLAND CIVIC ASSOCIATION, INC.**

Principal Place of Business 15770 SAWPIT RD  JACKSONVILLE 32226	FL	Mailing Address P.O. BOX 26305  JACKSONVILLE 32226	US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-2104167</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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**

**HANAPEL JAMES**  
**15799 SHELL CRACKER RD**  
  
**JACKSONVILLE FL**  
**32226**

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 \_\_\_\_\_ DATE **01/26/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODOM GEORGE 16045 SHELLCRACKER RD JACKSONVILLE FL 32226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAY JENELLE H 19029 WATERVILLE RD JACKSONVILLE FL 32226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CREWS PEGGY S 15779 SHELLCRACKER RD JACKSONVILLE FL 32226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON MARY E 15561 FLOUNDER RD JACKSONVILLE FL 32226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AITKEN WILLIAM M 10180 SAWPIT RD JACKSONVILLE FL 32226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANAPEL JAMES L 15799 SHELLCRACKER RD JACKSONVILLE FL 32226	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWK LAURIE J 13660 SAWPIT RD JACKSONVILLE FL 32226 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAY JENELLE H 19029 WATERVILLE RD JACKSONVILLE FL 32226 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: MARY E. THOMPSON** S **01/26/2001**

CR2E037 (11/00)

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**MOZELL MASTERS SGT. AT ARMS  
15511 FLOUNDER RD**

**JACKSONVILLE, FL. 32226**

**TOMMY CASWELL     MANAGING DIRECTOR  
15648 SHARK RD W**

**JACKSONVILLE, FL 32226**

**ILEY M. THOMPSON     DIRECTOR  
15561 FLOUNDER RD**

**JACKSONVILLE, FL 32226**