

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 Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-2104167

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANAPEL JAMES
15799 SHELL CRACKER RD

JACKSONVILLE FL
32226

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 _____ DATE **01/26/2001**

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D HAWK LAURIE J 13660 SAWPIT RD JACKSONVILLE FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D BRAY JENELLE H 19029 WATERVILLE RD JACKSONVILLE FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D HAWK LAURIE J 13660 SAWPIT RD JACKSONVILLE FL 32226

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)

**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