

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755197

1. Corporation Name

THE JACKSONVILLE SEMINOLE BOOSTERS, INC.

Principal Place of Business

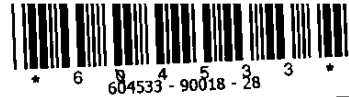
5911 ARLINGTON RD.
JACKSONVILLE FL 32211
US

Mailing Address

P.O. BOX 8036
JACKSONVILLE FL 32239-8036

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90018 028 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
11/19/1980

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2053762

Applied For
☐ Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAIR, ROBERT D
1750 RUSH CREEK DR W
JACKSONVILLE FL 32225

81 Name **HALLORAN, MIKE**

82 Street Address (P.O. Box Number is Not Acceptable)
111 RIVERSIDE AVE., SUITE 210

83

84 City **JACKSONVILLE**

FL

85 Zip Code
32202

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **DOWNING, KEEAN**
STREET ADDRESS **3113 CATHEDRAL LN**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **DOWNING, KEEAN**
1.3 STREET ADDRESS **SAME ADDRESS**
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **EDMISTON, JIM**
STREET ADDRESS **705 DAVIS STREET**
CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **HAIR, BOB**
STREET ADDRESS **1750 RUSH CREEK DRIVE WEST**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE **T/D** ☐ Change ☒ Addition
3.2 NAME **HALLORAN, MIKE**
3.3 STREET ADDRESS **111 RIVERSIDE AVE, STE 210**
3.4 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **VD** ☐ DELETE
NAME **WORTMAN, KEVIN**
STREET ADDRESS **3801 CROWN PT #2133**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE **P/D** ☒ Change ☐ Addition
4.2 NAME **WORTMANN, KEVIN**
4.3 STREET ADDRESS **2020 ST. MARTINS DR. WEST**
4.4 CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **S** ☒ DELETE
NAME **REVELS, RONA**
STREET ADDRESS **2880 WONDERWOOD LANE**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

5.1 TITLE **S/D** ☐ Change ☒ Addition
5.2 NAME **MOGE, MICHELLE**
5.3 STREET ADDRESS **1749 CHANDELIER CIR. EAST**
5.4 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **DATRES, MIKE**
6.3 STREET ADDRESS **1824 CORNELL RD.**
6.4 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael D. Halloran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/99 (904) 751-6369 x122
Date Daytime Phone #

CR2E037 (5/99)