2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM 755197 DOCUMENT # 1. Entity Name **Secretary of State** THE JACKSONVILLE SEMINOLE BOOSTERS, INC. Principal Place of Business Mailing Address 5911 ARLINGTON RD. P.O. BOX 8036 JACKSONVILLE JACKSONVILLE FL 32211 322398036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2053762 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DATRES MIKE Street Address (P.O. Box Number is Not Acceptable) 1824 CORNELL RD. JACKSONVILLE FL32207 City 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. 04/27/2001 MICHAEL DATRES Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE D Change X Addition NAME NAME RICHARDSON LAUREL STREET ADDRESS STREET ADDRESS 5911 ARLINGTON RD. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FT. 32211 TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition NAME DATRES MIKE NAME STREET ADDRESS 1827 CORNELL RD STREET ADDRESS CITY-ST-ZIF JACKSONVILLE FL. 32207 CITY-ST-ZIP TITLE Delete TITLE SD X Change ☐ Addition NAME MOGE MICHELLE NAME MURRAY ANDREA STREET ADDRESS 1749 CHANDELIER CIR E STREET ADDRESS 1754 SAN MARCO BLVD. CITY-ST-ZIP JACKSONVILLE CITY-ST-ZIP JACKSONVILLE FL. 32225 FL. 32207 TITLE Delete TITLE VD X Change Addition NAME WORTMAN KEVIN NAME ROBERTS JERRY. STREET ADDRESS 2020 ST MARTINS DR W STREET ADDRESS 1826 FOREST AVE. CITY-ST-ZIP JACKSONVILLE FL. 32246 CITY-ST-ZIP NEPTUNE BEACH FL. 32266 TITLE VD Delete TITLE PD X Change ☐ Addition NAME HALLORAN MIKE NAME HALLORAN MIKE STREET ADDRESS 111 RIVERSIDE AVE STE 210 STREET ADDRESS 111 RIVERSIDE AVE STE 210 CITY-ST-ZIP JACKSONVILLE FL. 32202 CITY-ST-ZIP JACKSONVILLE FL, 32202 TITLE PD □ Delete TITLE X Change Addition

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE: _

EDMISTON

705 DAVIS STREET

NEPTUNE BEACH

NAME

STREET ADDRESS

CITY-ST-ZIP

MICHAEL DATRES

ЛΜ

 \mathbf{FL}

32266

TD

EDMISTON

705 DAVIS STREET

NEPTUNE BEACH

04/27/2001

32266

CR2E037 (11/00)