## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # N10922** May 08, 2000 8:00 am 1. Entity Name **Secretary of State** YULEE ATHLETIC ASSOCIATION, INC. 05-08-2000 90173 046 \*\*\*\*61.25 Principal Place of Business Mailing Address 314 PAGE'S DAIRY RD 314 PAGE'S DAIRY RD P. O. BOX 731 P. O. BOX 731 YULEE FL 32097 YULEE FL 32097-7701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2708076 Not Applicable 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 Name Street Address (P.O. Box Number is Not Acceptable) SAMUS. WETOR VICKIE 199 RIVER OAKS DRIVE FERNANDINA BEACH FL 32034 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Addition TITLE,., ☐ Delete SAMUS, JOE NAME -NAME 199 RIVER OAKS DR STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP CITY-ST-ZIP VPD ☐ Change Addition Delete TITLE TITLE ARDIS, MIKE Allen, Dale 2184 Haddo NAME NAME Haddock Rd 1206 SPRING MENDON RD STREET ADDRESS STREET ADDRESS YULEE FL 32097 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition ☐ Change TITLE TITLE. SAMUS, VICKIE NAME NAME 199 RIVER OAKS DRIVE STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP CITY-ST-ZIP SD Addition 5 N ☐ Change Delete TITLE TITLE LAWRENCE, KAREN NAME Allen, Cindy NAME 43 TEAL CT 2184 Haddock Rd STREET ADDRESS STREET ADDRESS FERNANDINA BCH FL 32034 CITY-ST-ZIE CITY-ST-ZIP VPD ☐ Change ☐ Addition TITLE ☐ Delete TITLE Turner, Judy NAME 1248 BLACKMAN RD STREET ADDRESS STREET ADDRESS YULEE FL 32097 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: SIGNATURE: DESCRIPTION PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELLE DAME DELLE DESCRIPTION PROVIDE PROVIDE PROTECT PROVIDENTE P

changed, or on an attachment with an address, with all other like empowered