2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10922



FILED Feb 14, 2003 8:00 am Secretary of State

| 1. Entity Name YULEE ATH | LETIC ASSOCIATIO | ON, INC. | | 02-14-2003 90210 003 ****61.25 | | | |
|---|-------------------------------------|---|---|---|--------------|--|--|
| Principal Place of Business 314 PAGE'S DAIRY RD P. O. BOX 731 YULEE FL 32097 | | Mailing Address 314 PAGE'S DAIRY RO P. O. BOX 731 YULEE FL 32097 |) | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc | | CHECK HERE IF MAKING CHANGES | Language Ear | | |
| City & State | | City & State | | 4. PEI Number 59-2/080/6 Not App | licable | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required | 1 | | |
| | 6 Name and Address | of Current Registered Agent | | 7. Name and Address of New Registered Agent | | | |
| | 6. Name and Address | | Name, | MONDAY TOKNOON | | | |
| Samus, Vi 3729 Pira Yulee Fl | TES WAY | | Street Ad | dress (P.O. Box Number is Not Acceptable) | | | |
| | | | City | FL Zip Code 9 | 7 | | |
| 8. The above | named entity submits this | statement for the purpose of chang | ing its registered office or | registered agent, or both, in the State of Florida. I am familiar with, and a | accept | | |
| the obligation | ons of registered agent. | 11100 | | | - [| | |
| SIGNATURE _ | Sugnita | Jamuan | | DATE | - | | |
| | Signature, typed or printed name of | f registered agen, and title if applicable. | (NOTE: Registered Agent signature | e required when remissating) | | | |
| F | FILE NOW: FEE IS | | on Campaign Financing Fund Contribution. | \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State | B | | |
| 10. | OFFIC | ERS AND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | Addition (| | |
| TITLE | PD | Delet | e TITLE | γυ | 1 Addition | | |
| NAME | SAMUS, JOE | | NAME | JUANITA, JOHNSON | | | |
| STREET ADDRESS | 3729 PIRATES WAY | · | STREET ADDRESS | 1143 LANA Rd | | | |
| CITY-ST-ZIP | YULEE FL 32097 | | CITY-ST-ZIP | 171160 41 32041 | Addition | | |
| TITLE | TD | ☐ Delet | · | TO Oobbie Shriner Shange L 31739 willow oak | | | |
| NAME | SAMUS, VICKIE | | NAME | 31739 Willow Oak | | | |
| STREET ADDRESS | 3729 PIRATES WAY | its | STREET ADDRESS CITY-ST-ZIP | | } | | |
| CITY-ST-ZIP | YULEE FL 32097 | | | Territoria policial | Addition | | |
| TITLE | VPD | ☐ Dele | | 746 | _ | | |
| NAME | JOHNSON, JUANITA | | NAME STREET ADDRESS | MAS FOUNTAIN IT. | | | |
| STREET ADDRESS | 1143 LANA ROAD | | CITY-ST-ZIP | 1478 Fountain Dr. | 1 | | |
| CITY-ST-ZIP | YULEE FL 32097 | | | Change | Addition | | |
| TITLE | SD | ☐ Dele | | | | | |
| NAME | HALLMARK, LINDA | | NAME STREET ADDRESS | | | | |
| STREET ADDRESS | 553 MINER ROAD | | CITY-ST-ZIP | | | | |
| CITY-ST-ZIP | YULEE FL 32097 | | | ☐ Change | Addition | | |
| TITLE | | ☐ Dele | ete TITLE NAME | | İ | | |
| NAME | 1 | | STREET ADDRESS | | 1 | | |
| STREET ADDRESS | | | CITY-ST-ZIP | | = | | |
| CITY-ST-ZIP | | | | Change [| Addition | | |
| TITLE | | ☐ Del | ete TITLE NAME | | | | |
| MARIE | 1 | | IAWIAIC | I . | | | |
| NAME STREET ADDRESS | | | STREET ADDRESS | · · | } | | |

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP