

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41988

1. Entity Name

NORTH FLORIDA DX ASSOCIATION, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90003 045 ****61.25

Principal Place of Business

Mailing Address

11432 LOWNDESBORO DRIVE
JACKSONVILLE FL 32223-1376

11432 LOWNDESBORO DRIVE
JACKSONVILLE FL 32223-1376

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, JAMES L
11432 LOWNDESBORO DRIVE
JACKSONVILLE FL 32223-1376

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME REUBLIN, MICHAEL
STREET ADDRESS 12140 ROSETTA RD
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BROWN, STEVEN
STREET ADDRESS 6844 BARKWOOD DR
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME DENAZZO, FRANK
STREET ADDRESS 5905 NW 132ND STREET
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HUGHES, JAMES
STREET ADDRESS 11432 LOWNDESBORO DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ~~VD GIBBAM, PRESTON~~
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME GRAHAM, PRESTON
STREET ADDRESS 7585 SR 13 NORTH
CITY-ST-ZIP ST. AUGUSTINE, FL 32092-2230

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)