2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2001 8:00 am
Secretary of State
08-08-2001 90005 037 ****61.25

0001297

DOCUMENT # N41988

1. Entity Name

NORTH FLORIDA DX ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11432 LOWNDESBORO DRIVE JACKSONVILLE FL 32223-1376	11432 LOWNDESBORO DRIVE JACKSONVILLE FL 32223-1376

DO NOT WRITE IN THIS SPACE

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
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN, STEVEN 6844 BARKWOOD DR JACKSONVILLE FL 32277	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RICHARD HICKS 7002 DEERVILLE ROAD JACKSONVILLE, FL 32205	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DENAZZO, FRANK 5905 NW 132ND STREET GAINESVILLE FL 32653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JAMES IORI 814 BASSWOOD COURT ORANGE PARK, FL 32065	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUGHES, JAMES 11432 LOWNDESBORO DRIVE JACKSONVILLE FL 32223-1376	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GRAHAM, PRESTON 7585 SR 13 NORTH SAINT AUGUSTINE FL 32092-2230	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MICHAEL PARNIN 6716 DIANE RD JACKSONVILLE, FL 32277	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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: James L Hughes 30 JUL 01 (904)262-1736