

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 131831

1. Entity Name

JACKSONVILLE BASEBALL EXHIBITION COMPANY

Principal Place of Business

Mailing Address

3837 HARBOR DR.
JACKSONVILLE FL 32207

P.O. BOX 10024
JACKSONVILLE FL 32247-0024
US

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 59-0306107

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

BOYD, JAMES R. III
3837 HARBOR DR.
JACKSONVILLE FL 32207

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DS
NAME BOYD, BENITA S
STREET ADDRESS 3837 HARBOR DR.
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE D
NAME BOYD, OLITHA
STREET ADDRESS 3964 SAN JOSE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE D
NAME BOYD, ALYCE B
STREET ADDRESS 1609 N.W. 19TH CIRCLE
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

TITLE DP
NAME BOYD, JAMES R III
STREET ADDRESS 3837 HARBOR DR.
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE D
NAME BOYD, IDA B
STREET ADDRESS 6000 3A SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
NAME BOWER, JEAN H
STREET ADDRESS 2409 CHADFORD WAY
CITY-ST-ZIP LOUISVILLE KY 40222 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

James R. Boyd III

SIGNATURE:

James R. Boyd III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-2000

904-398-0963

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90027 037 ***150.00



DO NOT WRITE IN THIS SPACE