

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 131831

1. Entity Name  
JACKSONVILLE BASEBALL EXHIBITION COMPANY

Principal Place of Business  
3837 HARBOR DR.  
JACKSONVILLE FL 32207

Mailing Address  
P.O. BOX 10024  
JACKSONVILLE FL 32247  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

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

4. FEI Number 59-0306107

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signed or printed name of registered agent, 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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DS	BOYD, BENITA S	3837 HARBOR DR.	JACKSONVILLE FL 32207	
D	BOYD, OLITHA	3964 SAN JOSE BLVD.	JACKSONVILLE FL 32207	
D	BOYD, ALYCE B.	1609 N.W. 19TH CIRCLE	GAINESVILLE FL 32605	
DP	BOYD, JAMES R III	3837 HARBOR DR.	JACKSONVILLE FL 32207	
D	BOYD, IDA B	6000 3A SAN JOSE BLVD	JACKSONVILLE FL	
D	BOWER, JEAN H	2409 CHADFORD WAY	LOUISVILLE KY 40222	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. BOYD III  
Pres 1-6-01 904-398-0963  
Date Daytime Phone #

FILED  
Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90064 020 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)