

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714066

1. Entity Name

CEDAR HILLS ATHLETIC ASSOCIATION, INC.

**FILED**  
Feb 29, 2000 8:00 am  
Secretary of State

02-29-2000 90124 035 \*\*\*\*61.25

Principal Place of Business

4337 WATOMA ST.  
P.O. BOX 14013  
JACKSONVILLE FL 32238-1013

Mailing Address

4337 WATOMA ST.  
P.O. BOX 14013  
JACKSONVILLE FL 32238-1013

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

59-6216158

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

ALLEN, DURWARD E  
1988 MUNCIE AVE  
JACKSONVILLE FL 32210

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	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, DAVID.	
STREET ADDRESS	4048 COBALT	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SNOW, BRAD	
STREET ADDRESS	8025 MOSS PT TR N	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALL, SCOTT	
STREET ADDRESS	6740 WATOMA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOEHMAN, JAMES R	
STREET ADDRESS	4840 LOFTY PINES CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALLEN, DURWARD	
STREET ADDRESS	1988 MUNCIE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, DENISE	
STREET ADDRESS	6022 SUDBURY AVE	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theresa Monaco	
STREET ADDRESS	6607 Moret Dr. S.	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Provost	
STREET ADDRESS	6743 Snow White Dr.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valencia Provost	
STREET ADDRESS	6743 Snow White Dr.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Durward E Allen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-2000

904-791-6136

CR2E037 (9/99)