

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 714066**

1. Entity Name

**CEDAR HILLS ATHLETIC ASSOCIATION, INC.****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90027 046 \*\*\*\*\*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 &amp; State

City &amp; State

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 *Durward E Allen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/16/01

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 ☒ Delete  
NAME MONACO, THERESA  
STREET ADDRESS 6607 MORET DR S  
CITY-ST-ZIP JACKSONVILLE FL 32244TITLE D ☐ Change ☒ Addition  
NAME Jeff Burke  
STREET ADDRESS 6339 Sage Dr  
CITY-ST-ZIP Jacksonville, FL 32210TITLE VP ☒ Delete  
NAME PROVOST, DONALD  
STREET ADDRESS 6743 SNOW WHITE DR  
CITY-ST-ZIP JACKSONVILLE FL 32210TITLE VP ☐ Change ☒ Addition  
NAME Tony Mobarak  
STREET ADDRESS 4320 Matador Dr.  
CITY-ST-ZIP Jacksonville FL 32210TITLE D ☐ Delete  
NAME WALL, SCOTT  
STREET ADDRESS 6740 WATOMA STREET  
CITY-ST-ZIP JACKSONVILLE FL 32210TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE S ☐ Delete  
NAME PROVOST, VALENCIA  
STREET ADDRESS 6743 SNOW WHITE DR  
CITY-ST-ZIP JACKSONVILLE FL 32210TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE P ☐ Delete  
NAME ALLEN, DURWARD  
STREET ADDRESS 1988 MUNCIE AVENUE  
CITY-ST-ZIP JACKSONVILLE FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE T ☐ Delete  
NAME TAYLOR, DENISE  
STREET ADDRESS 6022 SUDBURY AVE  
CITY-ST-ZIP JACKSONVILLE FLTITLE ☐ 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 #

2/17/01 904-786-1933

CR2E037 (10/00)