

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90012 001 \*\*\*\*70.00

**DOCUMENT # 714066**

1. Entity Name

**CEDAR HILLS ATHLETIC ASSOCIATION, INC.**



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



☐ CHECK HERE IF MAKING CHANGES

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

**PHILPOT, JOHN  
5036 MONROE SMITH RD  
JACKSONVILLE FL 32210**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-15-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PHILPOT, JANET D	
STREET ADDRESS	5036 MONROE SMITH RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERREN, KEITH VP	
STREET ADDRESS	5637 MORET DR. E	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALL, SCOTT	
STREET ADDRESS	7039 PAMELA DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	S	<input type="checkbox"/> Delete
NAME	PROVOST, VALENCIA	
STREET ADDRESS	6743 SNOW WHITE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	P	<input type="checkbox"/> Delete
NAME	PHILPOT, JOHN D	
STREET ADDRESS	5036 MONROE SMITH RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, DENISE	
STREET ADDRESS	6022 SUDBURY AVE	
CITY-ST-ZIP	JACKSONVILLE FL	

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		
TITLE	D	<input 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		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

**2-15-03 904-874-7451**

CR2E037 (10/02)