

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715404

1. Entity Name

THE ARLINGTON FOOTBALL ASSOCIATION, INC.

**FILED**  
May 12, 2002 8:00 am  
Secretary of State

05-12-2002 90645 049 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1430 SPRINKLE DR  
JACKSONVILLE FL 32211-5451  
US

P.O. BOX 8094  
JACKSONVILLE FL 32239-8094

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

59-2445890

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

DODGE, DOUG  
3822 BARKDALE CT.  
JACKSONVILLE FL 32277

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 PD  
NAME DODGE, DOUG ☐ Delete  
STREET ADDRESS 3822 BARKDALE CT  
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME DONALDSON, HERMAN ☒ Delete  
STREET ADDRESS 1826 RAMBLING RIDGE LN  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE V/D  
NAME Ed Sloan ☐ Change ☒ Addition  
STREET ADDRESS 12361 Mastin Lane  
CITY-ST-ZIP Jacksonville FL 32225

TITLE STD  
NAME WHITSETT, GENA ☒ Delete  
STREET ADDRESS 3868 W. ARROW POINT TRAIL  
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE V/D  
NAME JEFF BUSH ☐ Change ☒ Addition  
STREET ADDRESS 3303 Yucatan Place  
CITY-ST-ZIP Jacksonville FL 32225

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 REQUIRED Doug Dodge

4-23-02 904/251-1670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)