

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

102

DOCUMENT # 717760

1. Entity Name

NASITRA CLUB, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 11 AM 8:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX# 9913

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX # 9913

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32208

Country

DUVAL

Zip

32208

Country

DUVAL

REINSTATEMENT

03-04

DO NOT WRITE IN THIS SPACE

MPS

4. FEI Number

59-2938891

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SAMUEL E. SAPP

Street Address (P.O. Box Number is Not Acceptable)

2417 PALMDALE STREET

City

JACKSONVILLE

FL

Zip Code
32208

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE	PD
NAME	PRIME, JAMES C
STREET ADDRESS	7153 RICHARDSON RD
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	SD
NAME	MORGAN, FRANK II
STREET ADDRESS	1448 INA DR
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	TD
NAME	LEWIS, WILLIAM P
STREET ADDRESS	3936 CHARLES D. EVERS DR
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	S
NAME	SHERLES, ROGER
STREET ADDRESS	3936 CHARLES D. EVERS DR
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	H
NAME	SAPP, SAMUEL E
STREET ADDRESS	2417 Palmdale St
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	600038094436
CITY-ST-ZIP	06/18/04--01050--003 **131.25
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-2004 (904) 765-0767

Date

Daytime Phone #

CR2E037B (12/02)

292

Nasitra Club, Inc.
P.O. Box 9913
Jacksonville, FL 32208

June 7, 2004

Florida Department Of State
Glenda E. Hood
Secretary Of State

Subject: NASITRA CLUB INC<
Ref Number: 717760 2003UBR

Mrs. Dunlap

It is the request of the Nasitra Club to have the reinstatement Fee Waived. We respectfully request this action for the reason of not receiving notification in the mail.

Therefore, enclosed please a check in the amount of \$131.25 which includes \$61.25 for each year of 2003 & 2004 and \$8.75 for a current certificate of status.

As registered agent for the NASITRA CLUB, I can be contacted at:
904-765-0767 with any questions you may have.

Thank you for your consideration,

Samuel E. Sapp
Samuel E. Sapp