

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722903

1. Entity Name

METRO-JACKSONVILLE ATHLETIC ASSOCIATION, INC.

Non-Profit

FILED

Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90008 037 ****70.00

Principal Place of Business

Mailing Address

851 NORTH MARKET STREET
RM #104
JACKSONVILLE FL 32202-2798
US

851 NORTH MARKET STREET
RM #104
JACKSONVILLE FL 32202-2798
US

2. Principal Place of Business

3. Mailing Address

2935 KNIGHTS LN. E

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FLA

Zip

Country

Zip

Country

32216

DUVAL

4. FEI Number

59-2278619

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

MCCORMACK, E K JR.
851 NORTH MARKET STREET
RM #104
JACKSONVILLE FL 32202-2798

Name

EARL SAPPENFIELD

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

1910 DEBUTANTE DRIVE

City

JACKSONVILLE

FL

Zip Code

32216

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

E.K. Mc Cormack Jr.

E.K. Mc Cormack Jr.

7-13-00

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
After September 13, 2000 min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MCCORMACK, E K JR
2935 KNIGHTS LANE EAST
JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD - PRESIDENT
EARL SAPPENFIELD
1910 DEBUTANTE DRIVE
JACKSONVILLE, FLA. 32216 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KRESTALUDE, LARRY
4107 COQUINA DR
JACKSONVILLE FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MISSLEH, NORMAN
2262 LARCHMONT RD
JACKSONVILLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

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:

E.K. Mc Cormack Jr.

7-13-00

1-904-733-1558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 15037 (5/00)