

# 2001 UNIFORM BUSINESS REPORT (UBR)

2. **FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90250 023 \*\*\*\*61.25

**DOCUMENT # 722903**

1. Entity Name

**METRO-JACKSONVILLE ATHLETIC ASSOCIATION, INC.**

Principal Place of Business

2935 KNIGHTS LANE EAST  
 JACKSONVILLE FL 32216  
 US

Mailing Address

2935 KNIGHTS LANE EAST  
 JACKSONVILLE FL 32216  
 US

2. Principal Place of Business

3. Mailing Address

**3846 Cambay Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, Florida**

4. FEI Number **59-2278619**

Applied For  
 Not Applicable

Zip

Country

**32210**

**Dual**

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

SAPPENFIELD, EARL  
 1910 DEBUTANTE DRIVE  
 JACKSONVILLE FL 32216

**Jimmie Hargrove**  
**3846 Cambay Place**  
**JAX. FL 32210**

Name **Jimmie Hargrove**

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

**3846 Cambay Place**

City **Jacksonville**

FL

Zip Code **32210**

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 **Jimmie Hargrove**

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

**Jimmie Hargrove**

(NOTE: Registered Agent signature required when reinstating)

**1-20-2001**

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

☒ Delete

TITLE **D**  
 NAME **President Ray Provost**  
 STREET ADDRESS **4325 Harlow Blvd**  
 CITY-ST-ZIP **Jax. FL 32210-4929**

☒ Change ☐ Addition

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

☒ Delete

TITLE **D**  
 NAME **Vice President**  
 STREET ADDRESS **Mark Rogers**  
 CITY-ST-ZIP **198 Halsena Rd. N**  
**JAX. FL 32220**

☒ Change ☐ Addition

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

☒ Delete

TITLE **D**  
 NAME **Sec/Treasurer**  
 STREET ADDRESS **Jimmie Hargrove**  
 CITY-ST-ZIP **3846 Cambay Place**  
**JAX. FL 32210**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

**Jimmie Hargrove**

**Jimmie R. Hargrove**

**1-20-2001**

**904-630-0851**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)