

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722903

1. Entity Name

METRO-JACKSONVILLE ATHLETIC ASSOCIATION, INC.

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90250 026 ****70.00

Principal Place of Business

Mailing Address

2935 KNIGHTS LANE EAST
JACKSONVILLE FL 32216
US 3846 Cambay Place
Jacksonville, FL 32210

3846 CAMBRY DRIVE Place
JACKSONVILLE FL 32210
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2278619

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARGROVE, JIMMIE
3846 CAMBRY PLACE
JACKSONVILLE FL 32210

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 PROVOST, RAY
STREET ADDRESS 4325 HARLON BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32210-4929 ☐ Delete

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

TITLE VPD
NAME ROGERS, MARK
STREET ADDRESS 108 HALSENA RD N
CITY-ST-ZIP JACKSONVILLE FL 32220 ☐ Delete

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

TITLE STD
NAME HARGROVE, JIMMIE
STREET ADDRESS 3846 CAMBRY PLACE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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: JIMMIE HARGROVE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-11-2002
Daytime Phone # 904-630-0801

CR2E037 (9/01)