

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2003 8:00 am
Secretary of State
07-29-2003 90013 002 ****70.00

0017535

DOCUMENT # 722903

1. Entity Name

METRO-JACKSONVILLE ATHLETIC ASSOCIATION, INC.



Principal Place of Business

3846 CMBAY PLACE
JACKSONVILLE FL 32210
US

Mailing Address

3846 CMBRY PLACE
JACKSONVILLE FL 32210
US

2. Principal Place of Business

750 ESTATES COVE RD

Suite, Apt. #, etc.

3. Mailing Address

750 ESTATES COVE RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32221

Country

DUVAI

City & State

JACKSONVILLE FL

Zip

32221

Country

DUVAI

4. FEI Number 59-2278619

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HARGROVE, JIMMIE
3846 CMBRY PLACE
JACKSONVILLE FL 32210

J. m Sparks
750 Estates Cove Rd
JACKSONVILLE, FL 32221

7. Name and Address of New Registered Agent

Name

JIM SPARKS

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

750 ESTATES COVE ROAD

City

JACKSONVILLE

FL

Zip Code

32221

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

Jim Sparks

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

(NOTE: Registered Agent signature required when reinstating)

7-21-03

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	<input checked="" type="checkbox"/> Delete
NAME	PROVOST, RAY	
STREET ADDRESS	4325 HARLOW BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210-4929	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, MARK	
STREET ADDRESS	108 HALSENA RD N	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HARGROVE, JIMMIE	
STREET ADDRESS	3846 CMBRY PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROVOST ROY D	
STREET ADDRESS	4325 HARLOW BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210-4929	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEAGLE JOHN	
STREET ADDRESS	PO BOX 441324	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	SEC/TRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKS JIM	
STREET ADDRESS	750 ESTATES COVE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Ray Provost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROVOST

Date

7-21-03

Daytime Phone #

904 771-5503

CP2E037 (4/03)