

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

02-28-2002 90043 018 ****70.00

DOCUMENT # 729363

1. Entity Name

RONDETTE ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7967 FORT CAROLINE ROAD
 PO BOX 11645
 JACKSONVILLE FL 32211

PO BOX 11645
 JACKSONVILLE FL 32239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2954781

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABIS, RICHARD
4055 OLD MILL COVE TRL E
JACKSONVILLE FL 32277

Name

Debbie West

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

3877 Novaline Ln.

City

Jacksonville

FL

Zip Code

32277

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

Debbie West

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

(NOTE: Registered Agent signature required when reinstating)

2/13/02

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

TITLE **PD** ☒ Delete
 NAME **ABIS, RICHARD**
 STREET ADDRESS **4055 OLD MILL COVE TRL E**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **VD** ☒ Delete
 NAME **LANDA, JEFF**
 STREET ADDRESS **12200 SPRINGMOOR FIVE COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **ST** ☐ Delete
 NAME **WEST, DEBBIE**
 STREET ADDRESS **7919 ARBLE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
 NAME **Debbie West**
 STREET ADDRESS **3877 Novaline Ln.**
 CITY-ST-ZIP **Jacksonville, FL 32277**

TITLE **T** ☐ Change ☒ Addition
 NAME **Trustee**
 STREET ADDRESS **Red Parks**
 CITY-ST-ZIP **5915 Dewberry Ct Jacksonville, FL 32277**

TITLE **T** ☐ Change ☒ Addition
 NAME **Trustee**
 STREET ADDRESS **Carl West**
 CITY-ST-ZIP **3877 Novaline Ln Jax, FL 32277**

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

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

TITLE ☐ Change ☐ 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

Debbie West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

DATE

904-745-6278

DAYTIME PHONE #

CR2E037 (9/01)