

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90035 009 ****61.25

DOCUMENT # 737018

1. Entity Name

JACKSONVILLE BALLROOM DANCE ASSOCIATION, INC.

Principal Place of Business

**10910 DOVER COVE LN
 JACKSONVILLE FL 32225
 US**

Mailing Address

**10910 DOVER COVE LN
 JACKSONVILLE FL 32225
 US**

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 **59-3090251**

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

**GEORGE P. PEEPLES, JR.
 10910 DOVER COVE LN
 JACKSONVILLE FL 32225**

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 | TD | <input type="checkbox"/> Delete |
| NAME | GEORGE P. PEEPLES, JR. | |
| STREET ADDRESS | 10910 DOVER COVE LN | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | PACKHAM, HERBERT JR | |
| STREET ADDRESS | 8967 YARMOUTH RD | |
| CITY-ST-ZIP | ORANGE PARK FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | RUBY BAKER, PRIEST | |
| STREET ADDRESS | 202 CEDAR ST | |
| CITY-ST-ZIP | NEPTUNE BEACH FL 32266 | |
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | LUCHTMAN, DELORES | |
| STREET ADDRESS | 10910 DOVER COVE LN | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | Bloom Philip R. | |
| STREET ADDRESS | 500 CHAFFEE ROADS. Lot #69 | |
| CITY-ST-ZIP | JACKSONVILLE, FL. 32221 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------------|--|
| TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bloom Philip R | |
| STREET ADDRESS | 500 CHAFFEE ROADS. Lot #69 | |
| CITY-ST-ZIP | JACKSONVILLE, Florida 32221 | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Burt Hood | |
| STREET ADDRESS | 2850 Fishoe Circle | |
| CITY-ST-ZIP | Middleburg, Florida 32068 | |
| 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: George P. Peeples, Jr. 1/28/02 904646-3561

CR2E037 (9/01)