

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737774

1. Entity Name

JACKSONVILLE COMMODORES LEAGUE, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90002 028 ****61.25

Principal Place of Business C/O JERRY B EVANS 4724 LONGBOW RD JACKSONVILLE FL 32210 US	Mailing Address C/O JERRY B EVANS 4724 LONGBOW RD JACKSONVILLE FL 32210-8136 US
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DO NOT WRITE IN THIS SPACE

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 59-1804893	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EVANS, JERRY B
4724 LONGBOW RD
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	STEWART, IRA	
STREET ADDRESS	13846 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEAD, CHUCK MD	
STREET ADDRESS	12865 MEAD LANDING CT	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALLRED, BARRY	
STREET ADDRESS	P.O. BOX 2396	
CITY-ST-ZIP	JACKSONVILLE FL 32203	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREY, ED	
STREET ADDRESS	9652 BEACUCLERC	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EVANS, JERRY B.	
STREET ADDRESS	4724 LONGBOW	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GASKIN, TIMOTHY B	
STREET ADDRESS	P O BOX 10209	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: *[Signature]* **SIGNATURE REQUIRED** *0113* 4/21/2000 *904-388-4495*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)