

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738360

1. Entity Name

SAN MATEO WOMEN'S ATHLETIC ASSOCIATION, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90015 010 \*\*\*\*70.00

|   |  |
|---|--|
| Principal Place of Business<br><b>600 BAISDEN RD.<br/>JACKSONVILLE FL 32218</b> | Mailing Address<br><b>600 BAISDEN RD.<br/>JACKSONVILLE FL 32218-4210</b> |
|---|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



DO NOT WRITE IN THIS SPACE

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3364071</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br><b>PEOPLES, BENNIE F<br/>600 BAISDEN ROAD<br/>JACKSONVILLE FL 32218</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>PAT REEVES</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>600 Baisden Rd</b><br>City <b>JAX</b> FL Zip Code <b>32218</b> |  |
|--|--|--|--|

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 *Pat Reeves* DATE 2/14/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                     |   |  |  |
|-------------------------------------|---|--|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make Check Payable to<br/>Department of State</b> |
|-------------------------------------|---|--|--|

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|--|--|---|--|
| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>NEWMAN, MARY<br/>11258 AMERICANA LANE<br/>JACKSONVILLE FL 32218</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Vice President<br/>Eddie Romy<br/>2042 Danese<br/>Jacksonville, Florida</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT<br/>JOHNSON, CAROLYN<br/>11643 AARON<br/>JACKSONVILLE FL</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Secretary<br/>Melissa Hamil<br/>11680 Aaron Road<br/>Jacksonville, Florida</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>MATZ, JACKIE<br/>241 SARA DR.<br/>JACKSONVILLE FL</b> <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>Sonja Marsh<br/>12432 Darcy Dr<br/>Jacksonville, Florida</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>MARSH, SONJA<br/>12432 DARCY DR<br/>JACKSONVILLE FL</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>President<br/>Terry Knowles<br/>357 Denise Dr<br/>Jacksonville, Florida</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CS<br/>KNOWLES, TERRY<br/>357 DENISE DR<br/>JACKSONVILLE FL</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S<br/>TODD, BARBARA<br/>11467 EMUNES RD.<br/>JACKSONVILLE FL 32218</b> <input type="checkbox"/> Delete  |

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: *Barbara Todd* DATE 2/3/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)