

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 738360

FILED  
Mar 11, 2002 8:00 AM  
Secretary of State

**Entity Name:** SAN MATEO WOMEN'S ATHLETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

600 BAISDEN RD.  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

600 BAISDEN RD.  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:** 59-3364071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

REEVES, PAT  
600 BAISDEN ROAD  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NEWMAN, MARY,  
Address: 11258 AMERICANA LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: DT ( ) Delete  
Name: JOHNSON, CAROLYN  
Address: 11643 AARON  
City-St-Zip: JACKSONVILLE, FL

Title: VP ( ) Delete  
Name: EYDIE, ROMEDY  
Address: 2042 DANESE  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: MARSH, SONJA  
Address: 12432 DARCY DR  
City-St-Zip: JACKSONVILLE, FL

Title: P ( ) Delete  
Name: KNOWLES, TERRY  
Address: 357 DENISE DR  
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete  
Name: TODD, BARBARA  
Address: 11467 EMUNES RD.  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: EYDIE, ROMEDY  
Address: 2042 DANESE  
City-St-Zip: JACKSONVILLE, FL

Title: VP (X) Change ( ) Addition  
Name: MARSH, SONJA  
Address: 12432 DARCY DR  
City-St-Zip: JACKSONVILLE, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: TODD, BARBARA  
Address: 11467 EMUNES RD.  
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN JOHNSON

T

03/11/2002

Electronic Signature of Signing Officer or Director

Date

MELISSA M HAMIL (SECRETARY)  
11680 AARON ROAD  
11680 AARON ROAD  
JACKSONVILLE, FLORIDA 32218