

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State

05-28-2002 91619 037 ****61.25

DOCUMENT # 739228

1. Entity Name

JACKSONVILLE ARTIFICIAL REEF, INC.

Principal Place of Business

P O BOX 331185
 ATLANTIC BEACH FL 32233
 US

Mailing Address

P O BOX 331185
 ATLANTIC BEACH FL 32233
 US

37083



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

59-1743443

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

DARNER, ROB
 5054 SOMERSBY ROAD
 JACKSONVILLE FL 32217

Name

Chuck Darnar

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

11448 Scott Mill Rd.

City

Jacksonville

FL

Zip Code

32223

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 true 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	D	THOMPSON, CHERYL	☒ Delete
NAME			
STREET ADDRESS		6544 FERBER RD	
CITY-ST-ZIP		JACKSONVILLE BEACH FL 32277	
TITLE	PO	DARNER, ROB	☒ Delete
NAME			
STREET ADDRESS		5054 SOMERIDGE RD	
CITY-ST-ZIP		JACKSONVILLE FL 32217	
TITLE	S	BERNACKI, JEANNE	☒ Delete
NAME			
STREET ADDRESS		978 DORWINION DRIVE	
CITY-ST-ZIP		JACKSONVILLE FL 32225	
TITLE	T	MURPHY, EMILY	☐ Delete
NAME			
STREET ADDRESS		1430 RIVER HILLS CR	
CITY-ST-ZIP		JACKSONVILLE FL 32211	
TITLE	VP	CASSARA, JOHNNY	☒ Delete
NAME			
STREET ADDRESS		13042 STAFFORDSHIRE DRIVE S.	
CITY-ST-ZIP		JACKSONVILLE FL 32225	
TITLE	D	KALAKAUSKIS, ED	☐ Delete
NAME			
STREET ADDRESS		1207 ARUBA COURT	
CITY-ST-ZIP		JACKSONVILLE FL 32228	

TITLE	Director	Darnar, Rob	☒ Change ☐ Addition
NAME			
STREET ADDRESS		5054 Somersby Rd.	
CITY-ST-ZIP		Jacksonville, FL 32217	
TITLE	President	Darnar, Chuck	☒ Change ☐ Addition
NAME			
STREET ADDRESS		11448 Scott Mill Road	
CITY-ST-ZIP		Jacksonville FL 32223	
TITLE	Secretary	Thompson, Cheryl	☒ Change ☐ Addition
NAME			
STREET ADDRESS		6544 Ferber Rd	
CITY-ST-ZIP		Jacksonville, FL 32277	
TITLE	Treasurer	Murphy, Emily	☐ Change ☐ Addition
NAME			
STREET ADDRESS		1430 River Hills Cr.	
CITY-ST-ZIP		Jacksonville, FL 32211	
TITLE	Vice President	McLendon, Randy	☒ Change ☐ Addition
NAME			
STREET ADDRESS		11234 Cloverhill Circle W.	
CITY-ST-ZIP		Jacksonville FL 32257	
TITLE	Director	Kalakauskis, Ed	☐ Change ☐ Addition
NAME			
STREET ADDRESS		1207 Aruba Court	
CITY-ST-ZIP		Jacksonville, FL 32224	

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 REQUIRED

Chuck Darnar 6/20/02 904 266 4321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)