## 🔄 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 26, 2001 8:00 am secretary of State **DOCUMENT # 739774** 1. Entity Name GREATER JACKSONVILLE RACING PIGEON CLUB. INC. 02-26-2001 90497 034 \*\*\*\*61.25 Principal Place of Business Mailing Address 7338 OLD PLANK RD 8434 BARCELONA AVE JACKSONVILLE FL 32218 **ORANGE PARK FL 32073** 814466 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2002413 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PETZEL, R J 8434 BARCELONA AVE ORANGE PARK FL 32073 City Zip Code FL 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition CONOVER, LEON NAME NAME STREET ADDRESS 1444 GRAFLET RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32211 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change ☐ Addition Petzel, R.J. NAME NAME 8434 BARCELONA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP SDT DT ☐ Delete TITLE ☐ Change ☐ Addition PETZEL, IONE J NAME NAME STREET ADDRESS 8434 BARCELONA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073 TITLE Delete TITLE ☐ Change Addition Fred Paniel. 3726 Branky ave. NAME NAME STREET ADDRESS STREET ADDRESS willes FL 32207 CITY-ST-ZIP CITY-ST-7IP □ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 turing 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 attackment with a other like empowered

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01 904/264-9553