

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90407 012 ****61.25

DOCUMENT # 748973

1. Entity Name

GREATER JACKSONVILLE AREA USO COUNCIL, INC.

Principal Place of Business

Mailing Address

**BOX 108
 JACKSONVILLE FL 32212**

**BOX 108
 JACKSONVILLE FL 32212**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1052424

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENNEDY, WILLIAM H
 2748 FOXWOOD ROAD, SOUTH
 ORANGE PARK FL 32073**

Name **Robert P. Coonan**

Street Address (P.O. Box Number is Not Acceptable)
1544 Trinkside Drive

Robert P. Coonan

City **Orange Park,**

FL

Zip Code **32003**

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 **Robert P. Coonan, Executive Director**

4/9/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	LOVING, FRANCIS L
STREET ADDRESS	1300 RIVERPLACE BLDG SUITE 640
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	HOENER, JAMES H
STREET ADDRESS	11200-6 ST. JOHNS INDUSTRIAL PKWY
CITY-ST-ZIP	JACKSONVILLE FL 32246
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	HUDSPETH, GEORGE L.
STREET ADDRESS	10727 CROSSWICKS ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLER, ED
STREET ADDRESS	510 HWY A1A NORTH
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAMY, WILLIAM C.
STREET ADDRESS	591 THORNWOOD LANE
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, DAVID L.
STREET ADDRESS	P.O. BOX 16409
CITY-ST-ZIP	JACKSONVILLE, FL 32245
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: **William C. McCamy** **4/9/02** **904-281-0680**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E087 (9/01)