

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752322

1. Entity Name

EXECUTIVES' ASSOCIATION OF JACKSONVILLE, INC.



**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90058 028 \*\*\*\*61.25

90015623



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

10139 CROSS GREEN WY  
JACKSONVILLE FL 32256-7101  
US

Mailing Address

10139 CROSS GREEN WY  
JACKSONVILLE FL 32256-7101  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-0237225

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEVERANCE, JAY L JR  
10139 CROSS GREEN WY  
STE. J  
JACKSONVILLE FL 32256 -- 7101

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

JAY SEVERANCE

1-30-03

(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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCARLETT, STAN  
STREET ADDRESS 4540 SOUTHSIDE BLVD., #902  
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE ED  
NAME SEVERANCE, JAY L JR  
STREET ADDRESS 10139 CROSS GREEN WY  
CITY-ST-ZIP JACKSONVILLE FL 32256-7101 ☐ Delete

TITLE VPD  
NAME STONE, MARK  
STREET ADDRESS 4148 HERSCHEL ST  
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE ST  
NAME PETERS, BILLY  
STREET ADDRESS 1906 PARENTAL HOME ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Mark Stone  
STREET ADDRESS 4148 Herschel St.  
CITY-ST-ZIP JX FLA 32210 ☒ Change ☐ Addition

TITLE ED  
NAME Same  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME Stan Scarlett  
STREET ADDRESS 4540 Southside Blvd.  
CITY-ST-ZIP JX FLA 32216 ☒ Change ☐ Addition

TITLE TD  
NAME Jay Gaurard CPA  
STREET ADDRESS 6828 St. Augustine Rd  
CITY-ST-ZIP JX FLA 32217 ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 JAY SEVERANCE, ED 1/30/03 (904)  
646-1993

Date

Daytime Phone #

CR2E037 (10/02)