

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90021 041 ****61.25

DOCUMENT # 754979

1. Entity Name

JACKSONVILLE CRAFT AND HOBBY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2839 W. BEAVER ST.
 JACKSONVILLE FL 32254**

**2839 W. BEAVER ST.
 JACKSONVILLE FL 32254**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

26-3746852

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MCNAIR, OLIVER E.
 2839 W. BEAVER STREET
 JACKSONVILLE FL 32254**

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.

SIGNATURE Oliver E. McNair
 Signature, typed or printed name of registered agent and title if applicable.

Oliver E. McNair

(NOTE: Registered Agent signature required when reinstating)

1/22/02

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	PD	<input type="checkbox"/> Delete
NAME	TILLMAN, BARBARA	
STREET ADDRESS	3279 SUNNY BROOK AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENNETT, JOSEPHINE	
STREET ADDRESS	3561 DUANE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNAIR, OLIVER E	
STREET ADDRESS	2839 W BEAVER STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PARKS, MARJORIE	
STREET ADDRESS	2764 SUNNY ACRES DR. N.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PATTERSON, GLORIA	
STREET ADDRESS	1584 W 12TH ST	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE		<input type="checkbox"/> Delete
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
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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: Oliver E. McNair
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02

Date

904-388-2640

Daytime Phone #

CR2E037 (9/01)