

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-22-2002 90055 025 ****61.25

DOCUMENT # 764391

1. Entity Name

**JACKSONVILLE ASSOCIATION OF THE YOUNG AMERICAN B
 OWLING ALLIANCE, INC.**

Principal Place of Business

Mailing Address

**PO BOX 1611
 MIDDLEBURY FL 32050
 US**

**PO BOX 1611
 MIDDLEBURY FL 32050
 US**

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

NOT APPLICABLE

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

**HALL, NORMA
 2165 BLUEBILL ROAD
 PO BOX 1611
 MIDDLEBURY FL 32050**

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

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 **PT** ☐ Delete
 NAME **LOWMAN, JOHN**
 STREET ADDRESS **5823 BLACK HORN ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **President** ☐ Change ☐ Addition
 NAME **JOHN LOWMANN**
 STREET ADDRESS **5823 Black Horn Rd**
 CITY-ST-ZIP **Jax FL 32244**

TITLE **2V** ☒ Delete
 NAME **HALL, BRYAN**
 STREET ADDRESS **PO BOX 1611**
 CITY-ST-ZIP **MIDDLEBURY FL 32050**

TITLE **A Clayton Overholts, III** ☒ Change ☐ Addition
 NAME **Clayton Overholts, III**
 STREET ADDRESS **Normandy Blvd**
 CITY-ST-ZIP **Jax FL**

TITLE **SDT** ☐ Delete
 NAME **HALL, NORMA**
 STREET ADDRESS **PO BOX 1611**
 CITY-ST-ZIP **MIDDLEBURY FL 32050**

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

TITLE **T** ☐ Delete
 NAME **ANDERSON, MICHELE**
 STREET ADDRESS **2442 EGRETS GLADE**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE **SAA** ☐ Delete
 NAME **OVERHOLTS, CLAYTON JR**
 STREET ADDRESS **765 VALLEY FORGE ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **NORMA HALL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 **904 282 3394**
 Date Daytime Phone

CR2E037 (9/01)