

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

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90088 004 \*\*\*\*61.25

**DOCUMENT # 764391**

1. Entity Name

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



Principal Place of Business

PO BOX 1611  
MIDDLEBURY FL 32050  
US

Mailing Address

PO BOX 1611  
MIDDLEBURY FL 32050  
US

2. Principal Place of Business

1146 La marche Dr.

3. Mailing Address

1146 La Marche Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32205

Country

USA

Zip

32205

Country

USA

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

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

7. Name and Address of New Registered Agent

Name DIANA SHRIDER

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

1146 LAMARCHE DR

City JACKSONVILLE

FL

Zip Code

32205

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

*Diana Shrider - Secretary*

1-26-03

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE NAME T OVERHOLTS, CLAYTON III ☐ Delete  
STREET ADDRESS NORMANDY BLVD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE NAME SDTD HALL, NORMA ☒ Delete  
STREET ADDRESS PO BOX 1611  
CITY-ST-ZIP MIDDLEBURY FL 32050

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE NAME Secretary Diana Shrider ☒ Change ☐ Addition  
STREET ADDRESS 1146 La marche Dr.  
CITY-ST-ZIP Jacksonville FL 32205

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

TITLE NAME SGT AT Arms Tony Russo ☒ Change ☐ Addition  
STREET ADDRESS 12209 Versailles St  
CITY-ST-ZIP Jacksonville FL 32234

TITLE NAME ☐ Change ☐ Addition  
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:

*Signature Required* 1/24/03 77192387

CR2E037 (10/02)