2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90088 008 ****61.25

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DOCUMENT # 765263

1. Entity Name

JACKSONVILLE ALCOHOLICS BENEVOLENT ASSOCIATION,

Principal Place of Business	Mailing Address
3645 SPRING PARK RD JACKSONVILLE FL 32207 US	3645 SPRING PK RD JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE

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 59-2288753 ☐ 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
BAILEY, ROBERT 3671 CEDAR DR JACKSONVILLE FL 32207	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SNEDEN, RICHARD 3645 SPG PK RD JAX FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SNEDEN, Richard 3645 Spring Park Rd Jax. Fl. 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALSH, THOMAS J. 1823 HOLLY OAKS LK. RD. JAX FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARIE GARIBALDI 2204 CAMDEN AVE. JAX. FL. 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILCOX, C PAUL 563 UNIV BLVD N JAX FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAILEY, ROBERT 3671 Cedar Drive Jax. Fl. 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ESTES, WAYNE 3321 CESERY BLVD JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Estes, Wayne 3321 Cesery Blvd.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENEDIX, TED 11940 OLD ACOSTA RD JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Benedix, Ted 11940 Old Acosta Rd Jax. Fl.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NOBLES, ALBERT 2667 LARSEN RD JAX FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOBLES, ALBERT 2667 Larsen Rd Jax. Fl. 32207	☒ Change ☐ Addition

CR2E037 (10/00)

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: David W. Estes 04-04-01 904/398-0295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #