

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001441

1. Entity Name

GREATER JACKSONVILLE HAMFEST ASSOCIATION, INC.

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90016 025 \*\*\*\*61.25

Principal Place of Business

P.O. BOX 2123  
ORANGE PARK FL 32067-2123

Mailing Address

P.O. BOX 2123  
ORANGE PARK FL 32067-2123

00004448

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

RICH, LARRY A  
87 PREAKNESS PLAZA  
ORANGE PARK FL 32073

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 DEBORAH LUSK  
4473 HUDNALL RD  
JACKSONVILLE FL 32207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P DEBORAH LUSK  
4473 HUDNALL RD  
JACKSONVILLE FL 32207 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S SHIRLEY HANNAFORD  
4515 WESCH BLVD  
JACKSONVILLE FL 32207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S SHIRLEY HANNAFORD  
4515 WESCH BLVD  
JACKSONVILLE FL 32207 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T LARRY A. RICH  
87 PREAKNESS PLAZA  
ORANGE PARK FL 32073 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T LARRY A. RICH  
87 PREAKNESS PLAZA  
ORANGE PARK FL 32073 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P GORDON MASON  
450 HAYTON AV  
ORANGE PARK FL 32073 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P GORDON MASON  
450 HAYTON AV  
ORANGE PARK FL 32073 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D LAWRENCE FILZEN  
13 N. ROBINS RD.  
ORANGE PARK FL 32073 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D LAWRENCE FILZEN  
13 N. ROBINS RD.  
ORANGE PARK FL 32073 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P RICHARD SMYTHE  
4473 HUDNALL RD  
JACKSONVILLE FL 32207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P RICHARD SMYTHE  
4473 HUDNALL RD  
JACKSONVILLE FL 32207 ☐ 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

1-10-2001

Date

904-272-1472

Daytime Phone #

0007182

CR2E037 (10/00)