

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001441

1. Entity Name

GREATER JACKSONVILLE HAMFEST ASSOCIATION, INC.

FILED
Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90010 014 ****61.25

Principal Place of Business

Mailing Address

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

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

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

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 ☐ Delete
P LUSK, DEBORAH
STREET ADDRESS 4473 HUDNALL RD
CITY-ST-ZIP JACKSONVILLE FL 32207

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

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

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

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

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

TITLE NAME ☐ Delete
D MASON, GORDON
STREET ADDRESS 450 HAYTON AVE
CITY-ST-ZIP ORANGE PARK FL 32073

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

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

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

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

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
LARRY A. RICH 1-10-02 904-272-1472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)