

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90240 014 ****61.25

DOCUMENT # N00000001441

1. Entity Name
GREATER JACKSONVILLE HAMFEST ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 2123
ORANGE PARK FL 32067-2123

Mailing Address
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME **S VICTOR R. KRUGER, JR**
STREET ADDRESS **6999-02 MERRILL RD**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

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

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **D FRANK CATES**
STREET ADDRESS **3478 SHEMAN DOAK DR W,**
CITY-ST-ZIP **ORANGE PARK FL 32065**

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

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: *Larry A. Rich* **LARRY A. RICH**

2/11/03 904-272-1472

CR2E037 (10/02)