

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91324 004 ****70.00

DOCUMENT # N01000000052

1. Entity Name
JACKSONVILLE SEMPER FIDELIS SOCIETY, INC.



Principal Place of Business

**225 WATER STREET
SUITE 1235
JACKSONVILLE FL 32202**

Mailing Address

**225 WATER STREET
SUITE 1235
JACKSONVILLE FL 32202**

2. Principal Place of Business

4600 TOUCHTON RO. EAST

Suite, Apt. #, etc.

840 100 SUITE 200

City & State

JACKSONVILLE, FL

Zip

32246

Country

U.S.

3. Mailing Address

PO BOX 28188

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32246

Country

U.S.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3690146**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COSTA, DOWLING
911 GRANADA BLVD SOUTH
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name **SAM HANDLEE**
Street Address (P.O. Box Number is Not Acceptable)
1039 EAGLE BEND COURT

City **JACKSONVILLE** FL Zip Code **32226**

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 *Sam Handlee*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

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	DP	<input checked="" type="checkbox"/> Delete
NAME	COSTA, ROBERTO	
STREET ADDRESS	911 GRANADA BLVD S	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	OBERG, MIKE	
STREET ADDRESS	712 CHERRY STREET	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HANDLEE, SAM	
STREET ADDRESS	1039 EAGLE BEND CT	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	DPA	<input checked="" type="checkbox"/> Delete
NAME	LEAHY, SHARON	
STREET ADDRESS	12795 TURLE LAKE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	TATUM, REISS	
STREET ADDRESS	12000 ACORNSHELL WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	DM	<input checked="" type="checkbox"/> Delete
NAME	ADELHELM, ROBERT	
STREET ADDRESS	4942 WILD HERON WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAM HANDLEE	
STREET ADDRESS	1039 EAGLE BEND COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	1ST VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISS TATUM	
STREET ADDRESS	1200 ACORNSHELL WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	2ND VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON LEAHY	
STREET ADDRESS	12795 TURLE LAKE LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	3RD VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEN SLACK	
STREET ADDRESS	10200 BELLE RIVE BLVD NO. 32	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAO RAULERSON	
STREET ADDRESS	12170 LONGMONT LANE S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFF MCCRAY	
STREET ADDRESS	229 MARGARET ST.	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32246	

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: *Sam Handlee* PRESIDENT 4/28/03 904-997-3048

CR2E037 (10/02)