

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State

04-21-2002 90846 047 ****61.25

DOCUMENT # N01000000682

1. Entity Name

GREGORY C. DOYLE NEUROLOGICAL FOUNDATION, INC.

Principal Place of Business

**10150 BELLE RIVE BLVD #1907
 JACKSONVILLE FL 32256**

Mailing Address

**10150 BELLE RIVE BLVD #1907
 JACKSONVILLE FL 32256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEI Number

59-3698329

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

**DOYLE, GREGORY C
 10150 BELLE RIVE BLVD #1907
 JACKSONVILLE FL 32256**

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

**DOYLE, GREGORY C
 10150 BELLE RIVE BLVD #1907
 JACKSONVILLE FL 32256**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**BAKER, MERITA A
 10150 BELLE RIVE BLVD #1907
 JACKSONVILLE FL 32256**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**ELTOUNI, PATRICIA J
 8172 BAYTREE TOWN CIR EAST
 JACKSONVILLE FL 32256**

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 CITY-ST-ZIP

☐ 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: **X**

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-12-02

Daytime Phone #

CR2E037 (9/01)

attachment # 35473
 NO10000000682

IMAGE:20020520000761:1801 scanned on by Operator ArcImpMgr on May 20, 2002 at 07:37:58 AM - Page 2 of 2.

80-2/630
 BR 00294 0238

Inspirational Racing, Inc.
 10150 Belle Rive Blvd., Ste. 1907
 Jacksonville, FL 32256

DATE 4/18/02

PAY TO THE ORDER OF Division of Corporations \$ 61.25

— Say one — 25/100

FIRST UNION NATIONAL BANK
 JACKSONVILLE, FL
 R/T 083000021

FOR GTNIG

0630000211:2090002831803 0238 00000006125

1432414748

BANK OF AMERICA NA JAX
 16630000474 E3763 96 P20
 04/25/02

6540660397

APR 18 2002

DEPARTMENT OF STATE
 FOREIGN DEPOSIT ONLY
 ACCT# 1009068706

REQUEST 20020520000761 61.25
 ROLL ECIA 20020426 1432414748
 JOB ECIA F ACCT 0032090002831803
 REQUESTOR MARQUITA ROBINSON-GO

INSPIRATIONAL RACING INC
 10150 BELLE RIVE BLVD STE 1907
 JACKSONVILLE FL 32256-