2002 UN	IFORM BUS	INESS REPO	RT (UB	R)	_		3.c., _	
DOCUMENT # N0100002470 1. Entity Name					EILED			
CLANZEL BROWN ATHLETIC ASSOCIATION, INC					02 NOV -8 AM 8:40			
Principal Place of Busine	958	Mailing Address			SE	ECRETARY OF ST LAMASSEE, FLO	ATE	
4575 MONCRIEF ROAD 4575 MONCRIEF ROAD JACKSONVILLE FL 32208 JACKSONVILLE FL 32208				FALLAHASSEE, FLORIDA				
2. Principal Place of Bu	ninaca	1 2 Mailing Address						
4575 Monerief Rd. 8866 SouTT Wo		8866 Scott Wood	ds Dr. West					1211 BBH (112)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			KLINS I	PONOTWRITEIN TH	IS SPACE	
Jacksonville, FLoRida		Jackson ville	-Lorida		4. FEI Number 59~3	712597	— —	pplied For ot Applicable
3220 8	Country Curve(32208	Sure/		5. Certificate of St		\$8.75 Ad Fee Require	
6. Nan	Name /	Pic	7. Name and Add	Iress of New Registere	ed Agent			
Busbee, Stephen				Not Acceptable) S_DRIVC				
11291 HARTS ROAL		<i>ه_</i> _کر	9-11-X100D	S-DRIVE-N	عبية الكام إل			
JACKSONVILLE FL	City				Zip Cod	le		
8. The above named entity submits this statement for the purpose of changing its regis				cksor r registere	oville, ed agent, or both, in	-	L 322	08
the obligations of regi	stered agent.	, ,	-g	9	ou agoing or board in	and dialo di monda. Ta	annia mari	and accept
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SIGNATURE 210	M. Myzic		1 Sin	M-	Mornet	9	10/02	
	M. Myzic ad or printed name of registered agent a		: Registered Agent signat	M	Mysuck who deinstating)	9 6ATI	10/02	
Signature, type After Sep		no fittle if applicable. (NOTE	npaign Financing		whereinstating) \$5.00 May Be Added to Fees		10/02 eck Payable nent of State	
After Sep min. w	otember 13, 2002, vill be \$236.25.	9. Election Carr Trust Fund C	npaign Financing		\$5.00 May Be Added to Fees		nent of State	•
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NAME

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SIGNATURE SUSTIMINATION FOR LEGICAL MEMILIER L

NAME

STREET ADDRESS

CITY-ST-ZIP

9/10/07- (904) 924-7634

CR2E0

^{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.