

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000006457

1. Entity Name

GREEN COVE SPRINGS ATHLETIC ASSOCIATION, INC. ✓

Principal Place of Business

919 HALE RD
GREEN COVE SPRINGS FL 32043

Mailing Address

919 HALE RD
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

317 West Street

Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 1197

Suite, Apt. #, etc.

City & State

Green Cove Springs

City & State

Green Cove Springs

Zip

32043

Country

USA

Zip

32043

Country

USA

4. FEI Number

59-3738010

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

COX, JAMES F JR
919 HALE RD
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

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

TITLE DP ☐ Delete
NAME COX, JAMES F JR
STREET ADDRESS 919 HALE RD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE DP ☐ Delete
NAME CHESSER, NORRIS
STREET ADDRESS 5597 BATTAN BAY RD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE DS ☐ Delete
NAME TOTH, LAURA
STREET ADDRESS PO BOX 892
CITY-ST-ZIP GREEN COVE SPRINGS FL 32404-3

TITLE DT ☒ Delete
NAME CARTER, RHONDA
STREET ADDRESS 3841 FLOYD RD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE D ☐ Delete
NAME HUGHES, TIMOTHY
STREET ADDRESS 1981 STATE RD 16 WEST
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE D ☐ Delete
NAME CHESSER, JACKUELYN
STREET ADDRESS 5597 BATTAN BAY RD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Vice President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Director-Treasurer ☐ Change ☒ Addition
NAME Hubert Hughes
STREET ADDRESS 1981 SR 16 West
CITY-ST-ZIP Green Cove Springs, FL 32043

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02 (904) 529-7800

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90098 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)