

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006493

1. Entity Name

JACKSONVILLE JOKERS ROLLER HOCKEY CLUB, INC.

Principal Place of Business

2628 HERSCHEL STREET
JACKSONVILLE FL 32204

Mailing Address

2628 HERSCHEL STREET
JACKSONVILLE FL 32204

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MERCIER, LEE F
200 W. FORSYTH STREET
SUITE 1100
JACKSONVILLE FL 32202

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. 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

After September 13, 2002,
min. will be \$236.25.

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 D
NAME KELLY, TERRENCE J ☐ Delete
STREET ADDRESS 1375 AVONDALE AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE D
NAME LANDAICHE, PAUL JR. ☐ Delete
STREET ADDRESS 12846 JEBB ISLAND CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE D
NAME STACY, KELLY ☐ Delete
STREET ADDRESS 1181 MILL CREEK DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

09-16-2002 90090 035 ****61.25

06-03-2002 91208 039 ***150.00

B0138215



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3745593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (4/02)