

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006529

FILED  
Sep 05, 2002  
Secretary of State

Entity Name: JACKSONVILLE BASKETBALL LEAGUE, INC.

## Current Principal Place of Business:

PMB 385 STATE RD 13 N #26  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

PMB 385 445 STATE RD 13 N #26  
JACKSONVILLE, FL 32259

## Current Mailing Address:

PMB 385 STATE RD 13 N #26  
JACKSONVILLE, FL 32259

## New Mailing Address:

PMB 385 445 STATE RD 13 N #26  
JACKSONVILLE, FL 32259

FEI Number: 59-3744091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SIERON, MARK  
1677 WELLS RD, SUITE D  
ORANGE PARK, FL 32073 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SIERON, MARK A  
Address: 1677 WELLS RD, SUITE D  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: MARTIN, WILLIAM  
Address: 6817 NORWOOD AVE  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: DAVIS, BENNY  
Address: PMB 385 STATE RD 13 N #26  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DAVIS, BENNY  
Address: PMB 385 455 STATE RD 13 N #26  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENNY DAVIS

TREA

09/05/2002

Electronic Signature of Signing Officer or Director

Date