2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State
04-21-2003 90311 025 ****70.00

DOCUMENT # N01000006762

1. Entity Name
F.A.S.T. CLUB, INC.

55038913

Principal Place of Business	Mailing Address
12027 BEACH BLVD. JACKSONVILLE FL 32246	12027 BEACH BLVD. JACKSONVILLE FL 32246

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4322 TIDEVIEW DR	4322 TIDEVIEW DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32250 Country: Duval	Zip: 32250 Country: Duval

4. FEI Number NOT APPLICABLE ☐ 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
ERICKSON, FRANK W 4322 TIDEVIEW DR. JACKSONVILLE FL 32250	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALMER, MARK 993 MARBLERIDGE DR. ORANGE PARK FL 32065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAPPLE, RICHARD Director 3390 LAUREL GROVE N. JACKSONVILLE FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERICKSON, FRANK Director 4322 TIDEWATER DR. JACKSONVILLE FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCUE, JAMES 1031 NEPTUNE LANE NEPTUNE BEACH FL 32266	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mary Erickson Director 4322 Tideview Drive Jacksonville, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 4/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #