

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90247 004 ****61.25

DOCUMENT # N02000001099

1. Entity Name
ALUMNI ASSOCIATION, INC.



Principal Place of Business

**7238 ATLANTIC BLVD
JACKSONVILLE FL 32211**

Mailing Address

**7238 ATLANTIC BLVD
JACKSONVILLE FL 32211**

60012247



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0385379

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREEN, WALLY
7238 ATLANTIC BLVD
JACKSONVILLE FL 32211**

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, WALLY	
STREET ADDRESS	7238 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANHAN, JOHN	
STREET ADDRESS	7238 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONG, CLARENCE	
STREET ADDRESS	7238 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASTERS, DOUG	
STREET ADDRESS	7238 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, SALLY	
STREET ADDRESS	7238 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, PAT	
STREET ADDRESS	7238 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

NOTICE REQUIRED

1/28/03

Date

Daytime Phone #

CR2E037 (10/02)