

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000007581

FILED
Dec 05, 2007
Secretary of State

Entity Name: LEE BULLS ATHLETIC CLUB INC.

Current Principal Place of Business:

333 LAURINA STREET #111
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3664
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 13-4212841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, DAVID L
333 LAURINA STREET
111
JACKSONVILLE, FL 32206 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: DAVID JONES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, DAVID L
Address: P.O. BOX 13193
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: MCNAIR, ANTONIO
Address: 1131 FLORIDA AVE
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: GARMAN, JOHN
Address: 10916 ACRON PARK COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: MILLIGAN, RONALD
Address: 2741 ACORN PARK DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID L. JONES

CEO

12/05/2007

Electronic Signature of Signing Officer or Director

Date