FILED
Aug 07, 2003 8:00 am
Secretary of State
07-29-2003 90012 024 ****61.25

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

DOCUMENT # N02000009241

1. Entity Name
NORTH FLORIDA RAMS, INC

55053594

[redacted]

Principal Place of Business
10877 COPPERHILL DR
JACKSONVILLE FL 32218

Mailing Address
10877 COPPERHILL DR
JACKSONVILLE FL 32218

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 2586 Broward Rd Jacksonville FL 3221
Suite, Apt. #, etc.
City & State: Jacksonville, Florida
Zip: 32218 Country: USA

3. Mailing Address: 2586 Broward Rd Jacksonville FL 3221
Suite, Apt. #, etc.
City & State: Jacksonville, Florida
Zip: 32218 Country: USA

4. FEI Number: 01-0792560 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOHNSON, LAWRENCE JR
10877 COPPER HILL DR
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent
Name: Johnson Tommie JR
Street Address (P.O. Box Number is Not Acceptable)
2586 Broward Rd
City: Jacksonville FL Zip Code: 32218

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: Tommie Johnson Jr
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	P	☐ Delete
NAME	JOHNSON, LAWRENCE JR	
STREET ADDRESS	10877 COPPER HILL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VP	☑ Delete
NAME	GRADY, KEN	
STREET ADDRESS	210 S MCDUFF AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	VP	☐ Delete
NAME	GREEN, CHRISTOPHER	
STREET ADDRESS	4545 TRENTON DR N	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	VP	☐ Delete
NAME	ETHRIDGE, AL	
STREET ADDRESS	4545 TRENTON DR N	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
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	P	☐ Change ☑ Addition
NAME	Johnson Tommie Jr	
STREET ADDRESS	2586 Broward Rd	
CITY-ST-ZIP	Jacksonville FL 32218	
TITLE	PVP	☑ Change ☐ Addition
NAME	Johnson Lawrence Jr	
STREET ADDRESS	10877 Copper Hill Dr	
CITY-ST-ZIP	Jacksonville FL 32218	
TITLE	VP	☐ Change ☐ Addition
NAME	Green Christopher	
STREET ADDRESS	4545 Trenton Dr N	
CITY-ST-ZIP	Jacksonville FL 32209	
TITLE	VP	☐ Change ☐ Addition
NAME	Ethridge. AL	
STREET ADDRESS	4545 Trenton Dr N	
CITY-ST-ZIP	Jacksonville FL 32209	
TITLE	GM	☐ Change ☑ Addition
NAME	Johnson Tommie III	
STREET ADDRESS	2586 Broward Rd	
CITY-ST-ZIP	Jacksonville FLA	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED (904) 744-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #