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

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

DOCUMENT # N02000009241

1. Entity Name
NORTH FLORIDA RAMS, INC

55053594

[redacted]

☑ CHECK HERE IF MAKING CHANGES

| Principal Place of Business | Mailing Address |
|---|---|
| 10877 COPPERHILL DR<br>JACKSONVILLE FL 32218 | 10877 COPPERHILL DR<br>JACKSONVILLE FL 32218 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2586 Broward Rd<br>Jacksonville FL 32218 | 2586 Broward Rd<br>Jacksonville FL 32218 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Jacksonville, Florida | City & State: Jacksonville, Florida |
| Zip: 32218 Country: USA | Zip: 32218 Country: USA |

4. FEI Number: 01-079256 0 ☐ 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 |
|---|---|
| JOHNSON, LAWRENCE JR<br>10877 COPPER HILL DR<br>JACKSONVILLE FL 32218 | Name: Johnson Tommie JR<br>Street Address (P.O. Box Number is Not Acceptable)<br>2586 Broward Rd<br>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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>JOHNSON, LAWRENCE JR<br>10877 COPPER HILL DR<br>JACKSONVILLE FL 32218 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P Johnson Tommie JR<br>2586 Broward Rd<br>Jacksonville FL 32218 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>GRADY, KEN<br>210 S MCDUFF AVE<br>JACKSONVILLE FL 32254 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Johnson Lawrence JR<br>10877 copper Hill DR<br>Jacksonville FL 32218 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>GREEN, CHRISTOPHER<br>4545 TRENTON DR N<br>JACKSONVILLE FL 32209 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Green Chris Topher<br>4545 Trenton Dr N<br>Jacksonville FL 32209 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>ETHRIDGE, AL<br>4545 TRENTON DR N<br>JACKSONVILLE FL 32209 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Ethridge. AL<br>4545 Trenton Dr N<br>Jacksonville FL 32209 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | GM Johnson Tommie III<br>2586 Broward Rd<br>Jacksonville FLA | ☐ 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: SIGNATURE REQUIRED (904) 744-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #