
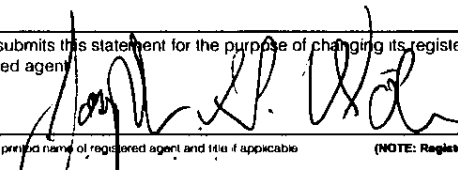
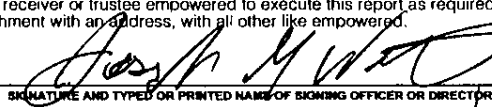


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**  
09 JAN 20 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N0300002814</b>					
1. Entity Name JACKSONVILLE UMPIRES ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 551275 JACKSONVILLE, FL 32255-1275			Mailing Address P.O. BOX 551275 JACKSONVILLE, FL 32255-1275		
2. Principal Place of Business - No P.O. Box # 40 2094 WILLESDON DR EAST			3. Mailing Address PO Box 551275		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State JACKSONVILLE FL 32246			City & State JAX FL 32255-1275		
Zip 32246		Country USA		Zip 32255-1275	
				Country USA	
4. FEI Number 59-3174541				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WATSON, JOSEPH G 2519 SERENE COURT GREEN COVE SPRINGS, FL 32043				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  DATE 1/16/09					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS:				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLHAUSEN, RANDY R			NAME	
STREET ADDRESS	3591 SOUTH KERNAN BLVD #309			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32202			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSMER, RANDALL			NAME	
STREET ADDRESS	3535 VALENCIA RD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32205			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCO, WILLIAM			NAME	
STREET ADDRESS	2094 WILLESDON DR EAST			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, J. GLENN			NAME	
STREET ADDRESS	2519 SERENE CT			STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE 1/20/09					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
J. GLENN WATSON					