

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000001533

FILED
Nov 04, 2008
Secretary of State

Entity Name: THE GREAT AMERICAN ROYAL CIRCUS INC.

Current Principal Place of Business:

1972 NAVAHO AVE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

1972 NAVAHO AVE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-8430292 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

Name and Address of New Registered Agent:

HAND, THOMAS M CEO
8205 WHITE FALLS BLVD.
SUITE 106
JACKSONVILLE, FL 32256 US

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: THOMAS M. HAND

11/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAND, THOMAS M
Address: 3623 VALENCIA RD
City-St-Zip: JACKSONVILLE, FL 32205

Title: S () Delete
Name: MCMANAMAN, ANGELA D
Address: 197 SOUTHLAKE DR
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T () Delete
Name: MCMANAMAN, PATRICK J
Address: 197 SOUTHLAKE DR
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAND, THOMAS M
Address: 8205 WHITE FALLS BLVD. SUITE 106
City-St-Zip: JACKSONVILLE, FL 32256

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

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

Title: C () Change (X) Addition
Name: HAND, CAROLYN M CHAIR
Address: 8205 WHITE FALLS BLVD. SUITE 106
City-St-Zip: JACKSONVILLE, FL 32256

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: CAROLYN M. HAND

C

11/04/2008

Electronic Signature of Signing Officer or Director

Date