

2002 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 14, 2002 8:00 am
Secretary of State

01-31-2002 90019 018 ****61.25

DOCUMENT # N09937

1. Entity Name

GREATER JACKSONVILLE COIN CLUB, INC.

Principal Place of Business

Mailing Address

P. O. BOX 16863
 JACKSONVILLE FL 32245
 US

P. O. BOX 16863
 JACKSONVILLE FL 32245
 US

12040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2744533

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RODRIGUEZ, BILL
~~2276 W LAUREL GROVE LANE~~ **P.O. BOX 7112**
ORANGE PARK FL 32073

Name **RODRIGUEZ, BILL**
 Street Address (P.O. Box Number is Not Acceptable)

4769 GODWIN AVE.

City **JACKSONVILLE, FL** Zip Code **32210**

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.

SIGNATURE

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | RILEY, DOUG | |
| STREET ADDRESS | 11835 PEGASUS DR | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | CAMPHEAR, ROBERT | |
| STREET ADDRESS | 501 VIKING LANE | |
| CITY-ST-ZIP | ATLANTIC BEACH FL 32233 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LEVAN, ROBERT | |
| STREET ADDRESS | 865 SOUTH SHORE RD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BRADEN, JEFF | |
| STREET ADDRESS | 1200 SHETTER AVE #23 | |
| CITY-ST-ZIP | JACKSONVILLE BEACH FL 32250 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | LACOMB, PETER | |
| STREET ADDRESS | 3009 WALTON ST., #4 | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, BILL | |
| STREET ADDRESS | 2276 W LAUREL GROVE LN | |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | |

| | | |
|----------------|-------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAMPHEAR, ROBERT | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DICK HAMEL | |
| STREET ADDRESS | 5647 FARGO DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32207 | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | P.O. BOX 7112 | |
| CITY-ST-ZIP | | |

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

William J. Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. RODRIGUEZ

1/15/02

DATE

904-772-1408

DAYTIME PHONE #

CRE037 (9/01)