୍ 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

DOCUMENT # N20651 1. Entity Name					FILE)		
JACKSONVILLE SUNS BOOSTER CLUB, INC.				į	COMETARY OF STATE			
Principal Place of Business Mailing Address					00 OCT 20 AH 9: 59			
WOLFSON BALL PARK 1201 W. ADAMS STREET JACKSÓNVILLE FL 32201 US		P.O. BOX 4756 JACKSONVILLE FL 32201 US						
2. Principal Place of Business		3. Mailing Address		.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DEINIG	TATEMENT	HS-SPACE	7	
City & State		City & State			Applied-Fore Applied-Fore Not Applied-Fore			
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Addition		
6. Name and Address of Current Registered Agent				7. Name and	Address of New Register			
ROGERS, CHARLES W 115 EAST FORSYTH STREET JACKSONVILLE FL 32202				Street Address (P.D. Box Number is Not Acceptable) STALL ARA PAHOE ALK NULC City TACKSON VILLE FL Zip Code 322210				
8. The above	e named entity submits this statement for t	he purpose of changing its	registered office	or registered agent, or bot	h, in the state of Florida	CORK		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25 P. Election Campaign Financing Trust Fund Contribution. ### Special Contribution Trust Fund Contribution. Trust Fund Contribution Trust Fund Contribution. Trust Fund Contribution Trust Fund Contribution. Trust Fund Contribution Trust Fund Contribu								
10.	OFFICERS AND DIRE	CTORS		155/7:0:10:20				
TITLE	P OTTICERS AND DIRE		11.	ADDITIONS/CH/	NGES TO OFFICERS AND			
NAME	CATHY SCOTT	Delete	TITLE	PUDET	R109	Change [Addition	
STREET ADDRESS	5328 JANICE CIRCLE SOUTH		NAME STREET ADDRESS		Page			
:CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP	JACKSONVIL	T. The area	32207	B2F037	
TITLE	CD CD	☐ Delete	TITLE	UPCASONYIL	LE PARIDA		<u> </u>	
NAME	BRAGAN, PETER JR.	LL Delete	NAME **	- no	00003446	Change [Addition C	
STREET ADDRESS	390 AQUATIC DRIVE		STREET ADDRESS	1	-11/01/00		1	
CITY-ST-ZIP	JACKSONVILLE FL 32250		CITY-ST-ZIP	a was to	****236.25	****236		
TiTLE	VP	Delete	TITLE	VA	- TOO LO			
NAME	JAMES CHARRIE	_ · _ ~	NAME	CATHY SC		_ Change _	Addition	
STREET ADDRESS	9787 HALSEY RD		STREET ADDRESS	EZONETA SIGN	Ciecie .			
CITY-ST-ZIP	JACKSONVILLE FL 32216		CITY-ST-ZIP	TACKSONY	* FLORIDA	200 M		
TITLE	SD	Delete	TITLE	50	JE PLUEIDI		Addition	
NAME	WILLIAMS, FRANCES	P C DOIGIG	NAME		201	Change] Addition	
STREET ADDRESS	1715 HODGES BLVD. #3323		STREET ADDRESS	CARRY MAY	- / 2010	<u>.</u> S		
CITY-ST-ZIP	JACKSONVILLE FL 32224		CITY-ST-ZIP	1934 COLDE	AROD LINE	3226	.6	
TITLE	TD	Delete	TITLE	TOICE	DCHEH, FROM			
NAME	ROGERS, CHARLES W	Delete	NAME	(2)	Danner C	Change [Addition	
STREET ADDRESS	115 E. FORSYTH STREET		STREET ADDRESS		ragees 1			
CITY-ST-ZIP	JACKSONVILLE FL 32202	•	CITY-ST-ZIP		PAHOE AVE	ne pna	۸	
TITLE	VIOLOGITIELE FL DEZUZ	☐ Delete		JACKSON	UILLE FL.	<u></u>	1111111	
NAME		LI Delete	TITLE .]	1	Change [Addition	
STREET ADDRESS			STREET ADDRESS	1	W Inki			
CITY-ST-ZIP		•	CITY-ST-ZIP		D. 10131			
12. I hereby o	ertify that the information supplied with the	s filing does not avalle for		ated in Continue 412 CT/C	la I			
indicated	ertify that the information supplied with the on this report or supplemental report is transition or the receiver or trustee impove or on an attachment with an address with	e and accurate and that my	signature shall	aleu in Section 119.07(3)(i) have the same legal effect	, Horida Statutes. I further o as if made under oath: that	ertify that the inform Lam an officer or d	nation irector	
oi ine corp	or on an attachment with an address with	red to execute this report as	required by Ch	apter 617, Florida Statutes	and that my name appears	s in Block 10 or Blo	ck 11 if	