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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
04-12-2001 90541 013 ****61.25

DOCUMENT # N20651

1. Entity Name

JACKSONVILLE SUNS BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
WOLFSON BALL PARK 1201 W. ADAMS STREET JACKSONVILLE FL 32201 US	P.O. BOX 4756 JACKSONVILLE FL 32201 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-7529355 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, CAROL W
5074 ARAPAHOE AVENUE
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name: Rogers, Charles W.
Street Address (P.O. Box Number is Not Acceptable): 115 E Forsyth St
City: Jacksonville, Florida
FL
Zip Code: 32202

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 _____ DATE 4-10-01
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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TRIGG, LEIGH 2109 REDFERN ROAD JACKSONVILLE FL 32207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AVERY, GARY 634 GOLDENROD LANE S NEPTUNE BEACH, FLA 32266 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BRAGAN, PETER JR 390 AQUATIC DRIVE JACKSONVILLE FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Same ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCOTT, CATHY 5328 JANICE CIRCLE JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PATRICK SHANAHAN 6211 Countryman Lane E. Jacksonville, Florida 32244 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AVERY, GARY 634 GOLDENROD LANE S NEPTUNE BEACH FL 32266	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Rae Chung 634 Goldenrod Lane S Neptune Beach, Florida 32266 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROGERS, CAROL W 5044 ARAPAHOE AVENUE JACKSONVILLE FL 32210	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Chuck Rogers 5074 Arapahoe Ave Jacksonville, Florida ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 TD 4-10-01 1-904-354-5596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #