

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV -3 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

A-20651



Jacksonville Suns Booster Club

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1715 Hodges Blvd

1715 Hodges Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3323

Unit 3323

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Zip

Country

Country

32224

USA

32224

USA

REINSTATEMENT

02-03

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *FRAN Williams*

Street Address (P.O. Box Number is Not Acceptable) *1715 Hodges Blvd #3323*

City *JAX*

FL

Zip Code *32224*

**DO NOT WRITE
IN THIS SPACE**

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

Fran Williams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

200023647092
10/08/03--01045--071 #297-503

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE *Pres*
NAME *William Schump*
STREET ADDRESS *1808 Grassington Way N*
CITY-ST-ZIP *Jacksonville, FL 32223*

TITLE *V-Pres*
NAME *Rhonda Bonhold*
STREET ADDRESS *1475 Undine Ave*
CITY-ST-ZIP *Jacksonville, FL 32221*

TITLE *Sec*
NAME *Fran Williams*
STREET ADDRESS *1715 Hodges Blvd #3323*
CITY-ST-ZIP *Jacksonville, FL 32224*

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Frances Williams, Sec.* **FRANCES Williams**

10-4-03

904 221-5821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037B (12/02)