

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25809

1. Entity Name

WEST JACKSONVILLE CIVIC ASSOCIATION, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90025 022 ****61.25

Principal Place of Business

10287 SHADY CREST LN
JACKSONVILLE FL 32221
US

Mailing Address

10287 SHADY CREST LANE
JACKSONVILLE FL 32221-1227
US

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

NOT APPLICABLE

Applied For

Not Applicable

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

CARTER, TIM L
10343 SHADY CREST LN
JAX FL 32221

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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	CARTER, TIM L	
STREET ADDRESS	10343 SHADY CREST LN	
CITY-ST-ZIP	JAX FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MADISON	
STREET ADDRESS	10287 SHADY CREST LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTEAN, JOHN	
STREET ADDRESS	408 HAMLET ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, TIM	
STREET ADDRESS	2020 KINPLEY AVENUE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTEAN, RICHARD	
STREET ADDRESS	402 HAMLET ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tim L Carter	
STREET ADDRESS	10343 Shady Crest	
CITY-ST-ZIP	JAX FL 32221	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Madison Smith	
STREET ADDRESS	10287 Shady Crest	
CITY-ST-ZIP	JAX FL 3221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/00 904-786-6215

CR2E037 (9/99)