

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

0012343

DOCUMENT # N25809

1. Entity Name

WEST JACKSONVILLE CIVIC ASSOCIATION, INC.

04-10-2001 90096 009 ****61.25

Principal Place of Business

10287 SHADY CREST LN
 JACKSONVILLE FL 32221
 US

Mailing Address

10287 SHADY CREST LANE
 JACKSONVILLE FL 32221
 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

CARTER, TIM L
10343 SHADY CREST LN
JAX FL 32221

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
 NAME **CARTER, TIM L**
 STREET ADDRESS **10343 SHADY CREST LN**
 CITY-ST-ZIP **JAX FL**

TITLE **P** ☐ Delete
 NAME **SMITH, MADISON**
 STREET ADDRESS **10287 SHADY CREST LANE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete
 NAME **MONTEAN, JOHN**
 STREET ADDRESS **408 HAMLET ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ Delete
 NAME **CARTER, TIM**
 STREET ADDRESS **2020 KINPLEY AVENUE**
 CITY-ST-ZIP **ORANGE PARK FL**

TITLE **D** ☐ Delete
 NAME **MONTEAN, RICHARD**
 STREET ADDRESS **402 HAMLET ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **JUDY TAYLOR**
 STREET ADDRESS **10467 HAMLET TERRACE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32221**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 904/786-6215

Date

Daytime Phone #

CR2E037 (10/00)