

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28254

1. Entity Name

MARINE CORPS LEAGUE, JACKSONVILLE DETACHMENT, IN

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90152 014 ****61.25

Principal Place of Business

1269 BLACKMON RD
YULEE FL 32097
US

Mailing Address

1269 BLACKMON RD
YULEE FL 32097
US

2. Principal Place of Business

3. Mailing Address

2012 BEAUX DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2012 BEAUX DRIVE

3

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-2571754

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

32210

DUVAL

32210

DUVAL

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

DUPREE, DREW M
1269 BLACKMON RD
YULEE FL 32097

Name

SYLVIANNE DOUCETTE

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

2012 BEAUX DRIVE

City

JACKSONVILLE

FL

Zip Code
32210

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 SYLVIANNE LEDEE-DOUCETTE PAYMASTER 7 SEPT 2000

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

After September 13, 2000 min. will be \$236.25

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	D FOWLER, JAMES A. 8462 WESSEX CT JACKSONVILLE FL 32244	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPREE, DREW 1269 BLACKMON RD YULEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABING, CHARLES 5488 JACKSON AVE ORANGE PARK FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEISMAN, JOHN 10649 PLUM HOLLOW DR JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SYLVIANNE LEDEE-DOUCETTE 2012 BEAUX DRIVE JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SYLVIANNE LEDEE-DOUCETTE PAYMASTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7 SEPT 2000 (904) 693-2626

CR2E037 (5/00)