2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 29, 2000 8:00 am Secretary of State DOCUMENT # N32109 THE TRAFFIC CLUB OF JACKSONVILLE, INC. 08-29-2000 90033 012 ****70.00 Mailing Address Principal Place of Business PO BOX 9147 PO BOX 9147 JACKSONVILLE FL 32208 JACKSONVILLE FL 32208 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-6152371 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Patterson <u>Vivian</u> PATTERSON, VIVIAN 4811 BEACH BLVD STE 404 JACKSONVILLE FL 32207 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 (NQTE: Registered Agent signature required when reinstating) 8 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE ☐ Delete TITLE Patterson, Vivian 5000 william Mills Street NAME PATTERRSON, VIVIAN NAME STREET ADDRESS STREET ADDRESS 4811 BEACH BLVD STE 404 CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 3000L JACKSONVILLE FL 32207 Delete ☐ Change TITLE TITLE Peters, Bruce 4337 Comanche Trail Blyd. SHULTZ, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 3404 CLIFFORD LANE Tacksonville FL 30059 CITY-ST-ZIP-CITY-ST-7IP JACKSONVILLE FL 32209 ☑ Delete ☐ Change **▼** Addition VΡ TITLE TITLE tanner Kendra NAME FOLLADORI, JAY NAME STREET ADDRESS 6693 Boggy Creek Rol Orlando FL 33834 STREET ADDRESS 4057 CARMICHAEL AVENUE CITY-ST-7IP CITY-ST-7/P JACKSONVILLE FL 32207 Change D ☐ Addition Delete TITLE TITLE Yow, Charles 780 Scotia Rd. YOW, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 720 SCOTIAL ROAD CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 3335 JACKSONVILLE FL 32254 ☑ Change D Delete TITLE ☐ Addition Livingeton, Allce 3831 Talleyrand Ave ALICE LIVINGSTON NAME STREET ADDRESS PO BOX 3005 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change M Addition ☐ Delete TIT! F TITLE Klimp, Paul NAME NAME STREET ADDRESS STREET ADDRESS 1931 Heckscher Drive CITY-ST-ZIP Jacksonville.FL 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.

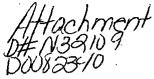
SIGNATURE: LÜLGMAT POLLER ROSIUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00 (90

(904)751-8314

Daytime Phone #



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