

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32109

1. Entity Name

THE TRAFFIC CLUB OF JACKSONVILLE, INC.

**FILED**  
**Aug 29, 2000 8:00 am**  
**Secretary of State**

08-29-2000 90033 012 \*\*\*\*70.00

Principal Place of Business

PO BOX 9147  
JACKSONVILLE FL 32208

Mailing Address

PO BOX 9147  
JACKSONVILLE FL 32208

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6152371

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, VIVIAN  
4811 BEACH BLVD STE 404  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name Patterson, Vivian  
Street Address (P.O. Box Number is Not Acceptable)  
5800 William Mills Street  
City Jacksonville FL Zip Code 32206

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/28/00

**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

|                |                         |                                            |
|----------------|-------------------------|--------------------------------------------|
| TITLE          | ST                      | <input type="checkbox"/> Delete            |
| NAME           | PATTERSON, VIVIAN       |                                            |
| STREET ADDRESS | 4811 BEACH BLVD STE 404 |                                            |
| CITY-ST-ZIP    | JACKSONVILLE FL 32207   |                                            |
| TITLE          | P                       | <input checked="" type="checkbox"/> Delete |
| NAME           | SHULTZ, WILLIAM         |                                            |
| STREET ADDRESS | 3404 CLIFFORD LANE      |                                            |
| CITY-ST-ZIP    | JACKSONVILLE FL 32209   |                                            |
| TITLE          | VP                      | <input checked="" type="checkbox"/> Delete |
| NAME           | FOLLADORI, JAY          |                                            |
| STREET ADDRESS | 4057 CARMICHAEL AVENUE  |                                            |
| CITY-ST-ZIP    | JACKSONVILLE FL 32207   |                                            |
| TITLE          | D                       | <input type="checkbox"/> Delete            |
| NAME           | YOW, CHARLES            |                                            |
| STREET ADDRESS | 720 SCOTIAL ROAD        |                                            |
| CITY-ST-ZIP    | JACKSONVILLE FL 32254   |                                            |
| TITLE          | D                       | <input type="checkbox"/> Delete            |
| NAME           | ALICE LIVINGSTON        |                                            |
| STREET ADDRESS | PO BOX 3005 N/A         |                                            |
| CITY-ST-ZIP    | JACKSONVILLE FL         |                                            |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY-ST-ZIP    |                         |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |                                                                              |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE          | ST                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Patterson, Vivian         |                                                                              |
| STREET ADDRESS | 5800 William Mills Street |                                                                              |
| CITY-ST-ZIP    | Jacksonville, FL 32206    |                                                                              |
| TITLE          | P                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Peters, Bruce             |                                                                              |
| STREET ADDRESS | 4337 Comanche Trail Blvd. |                                                                              |
| CITY-ST-ZIP    | Jacksonville, FL 32259    |                                                                              |
| TITLE          | VP                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Tanner, Kendra            |                                                                              |
| STREET ADDRESS | 8832 Boggy Creek Rd       |                                                                              |
| CITY-ST-ZIP    | Orlando, FL 32834         |                                                                              |
| TITLE          | VP                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Yow, Charles              |                                                                              |
| STREET ADDRESS | 720 scotia Rd.            |                                                                              |
| CITY-ST-ZIP    | Jacksonville, FL 32254    |                                                                              |
| TITLE          | D                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Livingston, Alice         |                                                                              |
| STREET ADDRESS | 3831 Talleyrand Ave       |                                                                              |
| CITY-ST-ZIP    | Jacksonville, FL 32206    |                                                                              |
| TITLE          | D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Klimp, Paul               |                                                                              |
| STREET ADDRESS | 1921 Heckscher Drive      |                                                                              |
| CITY-ST-ZIP    | Jacksonville, FL 32218    |                                                                              |

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:

UNQUALIFIED REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00

Date

(904) 751-8314

Daytime Phone #

CR2E037 (5/00)

Attachment  
D# N32109  
D0082310

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Additions:

D

Jones, Art

4313 Teenie Street

Jacksonville, FL 32207

D

Williams, Frances

1715 Hodges Blvd., Apt # 3323

Jacksonville, FL 32224

D

Kamradt, Russell

5400 West 12<sup>th</sup> Street

Jacksonville, FL 32254

D

Haworth, Hubert

720 Scotia Road

Jacksonville, FL 32254

D

Dennard, James

2395 Sauls Circle

Callahan, FL 32011

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Additions:

D

Barry, James

~~68167~~ 4619 Brandy Oak Ct

Jacksonville, FL 32257