

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43307

1. Entity Name

TANGLEWOOD ATHLETIC ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 66  
DOCTORS INLET FL 32030-0066

Mailing Address

P.O. BOX 66  
DOCTORS INLET FL 32030-0066

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 59-3045687

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

HALL, FRANK  
3196 CHADS COURT  
GREEN COVE SPRINGS FL 32043

Name LINDSEY CLYDE

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

ORANGE PARK, FL.

City

FL

Zip Code

32073

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 CLYDE LINDSEY SECRETARY

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

(NOTE: Registered Agent signature required when registering)

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 checked="" type="checkbox"/> Delete
NAME	KELSO, ROBERT	
STREET ADDRESS	2771 FRONTIER AVE.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BALDWIN, KEVIN	
STREET ADDRESS	1540 MOHAWK COURT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, ROBERT	
STREET ADDRESS	2948 WHIRLWAY CT	
CITY-ST-ZIP	GREENCOVE SPRINGS FL 32043	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAYES, BILLY	
STREET ADDRESS	2890 GATLING BLVD.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HALL, FRANK JR.	
STREET ADDRESS	3196 CHADS COURT	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	I	<input checked="" type="checkbox"/> Delete
NAME	PEARCE, MAGGIE	
STREET ADDRESS	1765 SAINT IVES DRIVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	YALE FLOYD	
CITY-ST-ZIP	2018 TICKFORD ST. MIDDLEBURG FL 32068	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANEAU BRENT	
STREET ADDRESS	2612 TRAMORE PL.	
CITY-ST-ZIP	ORANGE PARK FL 32068	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT GENE	
STREET ADDRESS	2980 DAK RD.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSEY CLYDE	
STREET ADDRESS	384 EDSON DR.	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED KIM	
STREET ADDRESS	2823 TANGLEWOOD BLVD.	
CITY-ST-ZIP	ORANGE PARK, FL 32065	

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

CLYDE LINDSEY 3-8-2001 904-215-9752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Mar 10, 2000 8:00 am  
Secretary of State

03-10-2000 90035 047 \*\*\*\*61.25

C0035454



DO NOT WRITE IN THIS SPACE