

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90027 042 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N43307
1. Entity Name
TANGLEWOOD ATHLETIC ASSOCIATION, INC.

Principal Place of Business **Mailing Address**
P.O. BOX 66 P.O. BOX 66
DOCTORS INLET FL 32030-0066 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
LINDSEY, CLYDE
384 E OSOW DR
ORANGE PARK FL 32073

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 *Clyde Lindsey* **PRESIDENT CLYDE LINDSEY 1-4-2001**
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** ☐ **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOYD, VALE 2018 TICKFORD ST MIDDLEBURG FL 32068 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUNEAU, BRENT 2613 TRAMORE PL ORANGE PARK FL 32068 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, GENE 2980 OAK RD ORANGE PARK FL 32065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAYES, BILLY 2890 GATLING BLVD. ORANGE PARK FL 32065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDSEY, CLYDE 384 EDSON DR ORANGE PARK FL 32073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REED, KIM 2823 TANGLEWOOD BLVD ORANGE PARK FL 32065 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLYDE LINDSEY 384 EDSON DR. ORANGE PARK, FL 32073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BILLY HAYES 2890 GATLING BLVD. ORANGE PARK, FL 32065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GENE ROBERTS 2980 OAK RD. ORANGE PARK, FL 32065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUTH CLINTON 2582 S.W. RIDGE ORANGE PARK, FL 32065 <input checked="" 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: *Clyde Lindsey* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **CLYDE LINDSEY 1-4-2001** **904-318-6610**
Signature Date Daytime Phone #

CR2E037 (10/00)