

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44830

1. Entity Name

ST. JOHNS RIVER ATHLETIC ASSOCIATION, INC.

Principal Place of Business

P O BOX 542  
205 SKEET CLUB RD  
PALATKA FL 32177  
US

Mailing Address

P O BOX 542  
205 SKEET CLUB RD  
PALATKA FL 32177  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

P/D  
WRIGHT, RICARDO  
205 SKEET CLUB RD  
PALATKA FL 32177

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

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

(NOTE: Registered Agent signature required when reinstating)

10/18/00

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	FELLS, RENO	
STREET ADDRESS	110 N 11TH ST	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEWIS, SUSAN	
STREET ADDRESS	RT 1 BOX 5107	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROIANO, ROBERT W	
STREET ADDRESS	1311 PROSPECT STREET	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LAMBERT, JOANN	
STREET ADDRESS	RT 5 BOX 2279	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLS, MARY KAYE	
STREET ADDRESS	1825 ST JOHNS AVENUE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELLS, DONNIE	
STREET ADDRESS	P O BOX 481	
CITY-ST-ZIP	HOLLISTER FL 32147	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T/D LEWIS, SHELLY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PO BOX 542	
STREET ADDRESS	PALATKA, FL 32178	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600003456266-4	
STREET ADDRESS	-11/07/00--01130--001	
CITY-ST-ZIP	****236.25 ****236.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: RICARDO WRIGHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/30/00 944 225 9720

Date

Daytime Phone #

CR2E037 (5/00)

0000608

FILED

00 OCT 23 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

00

4. FEI Number

59-3130642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required