

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90311 030 ****61.25

DOCUMENT # N44830

1. Entity Name

ST. JOHNS RIVER ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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 205 SKEET CLUB RD
 PALATKA FL 32177
 US

DU120141

2. Principal Place of Business

3. Mailing Address

205 Skeet Club RD

PO Box 542

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALATKA, FL

PALATKA FL

4. FEI Number

59-3130642

Applied For

Not Applicable

Zip

Country

32177

FLORIDA

Zip

Country

32178

FLORIDA

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

WRIGHT, RICARDO M
 205 SKEET CLUB RD
 PALATKA FL 32177

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)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, RICARDO M	
STREET ADDRESS	205 SKEET CLUB ROAD	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FELLS, RENO	
STREET ADDRESS	110 N 11TH ST	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input checked="" 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	WELLS, MARY K	
STREET ADDRESS	1825 ST JOHNS AVE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TROIANO, SUSAN	
STREET ADDRESS	1311 PROSPECT	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rubayne TROIANO	
STREET ADDRESS	1311 PROSPECT ST	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	VICE PRESIDENTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William WHITLOCK	
STREET ADDRESS	2003 GOLF DR	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE ALFORD	
STREET ADDRESS	177 CENTRAL AVE	
CITY-ST-ZIP	SAN MATEO, FL 32187	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCES I. ALFORD	
STREET ADDRESS	177 CENTRAL AVE	
CITY-ST-ZIP	SAN MATEO FL 32187	
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:

R. TROIANO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-22-02

CR2E037 (9/01)