

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N45226**

1. Entity Name

**JACKSONVILLE BEACH PATROL ASSOCIATION, INC.****FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90006 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P O BOX 50954  
JACKSONVILLE BEACH FL 32240-0954  
USP O BOX 50954  
JACKSONVILLE BEACH FL 32240-0954  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3088971

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

MCMENAMY, WILLIAM B.  
200 W. FORSYTH ST.  
SUITE 1400  
JACKSONVILLE FL 32202Name **M. C. HUTTO**

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

**1628 Third Ave No.**City **Jacksonville Beach** FL Zip Code **32250**

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 **DP** ☐ Delete  
NAME **WATSON, RONALD R.**  
STREET ADDRESS **RT. 1 BOX 577**  
CITY-ST-ZIP **MT. CLARE WV 26408**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **WATSON, JANIE**  
STREET ADDRESS **RT. 1 BOX 577**  
CITY-ST-ZIP **MT. CLARE WV 26408**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **STD** ☐ Delete  
NAME **HUTTO, M.C.**  
STREET ADDRESS **1628 THIRD AVE N.**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

1-4-01

904-246-1564

CR2E037 (10/00)