

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # N93000000604

1. Entity Name

SANS SOUCI ATHLETIC ASSOCIATION, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90023 028 \*\*\*\*70.00

Principal Place of Business  
PO BOX 16295  
JACKSONVILLE FL 32216

Mailing Address  
PO BOX 16295  
JACKSONVILLE FL 32245-6295

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  
59-3085770

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAY, BILL  
2434 UNA DR  
JACKSONVILLE FL 32216

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

TITLE PD ☒ Delete  
NAME JOHNSON, JOE  
STREET ADDRESS 2581 HIRSH AVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ Delete  
NAME JONES, AL  
STREET ADDRESS 2535 W WHITEHORSE RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☒ Delete  
NAME FOSTER, DON  
STREET ADDRESS 3272 BENT CREEK LN  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete  
NAME RAY, BILL  
STREET ADDRESS 2434 UNA DR  
CITY-ST-ZIP JACKSONVILLE FL 32216-5039

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P "D" ☐ Change ☒ Addition  
NAME RAY, KAREN  
STREET ADDRESS 2434 UNA DR.  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE V "D" ☐ Change ☒ Addition  
NAME PETERSON, TOM  
STREET ADDRESS 3140 BENT CREEK LANE  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE S "D" ☐ Change ☒ Addition  
NAME FOSTER KATHY  
STREET ADDRESS 3272 BENT CREEK LANE  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00

984 2922118

Date

Daytime Phone #