

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/1

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

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

**DOCUMENT # N93000000604**

1. Entity Name

**SANS SOUCI ATHLETIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

PO BOX 16295  
 JACKSONVILLE FL 32216

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JOE	
STREET ADDRESS	2581 HIRSH AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, AL	
STREET ADDRESS	2535 W WHITEHORSE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, DON	
STREET ADDRESS	3272 BRNT BREEK LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAY, BILL	
STREET ADDRESS	2434 UNA DR	
CITY-ST-ZIP	JACKSONVILLE FL 32216-5039	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY, KAREN	
STREET ADDRESS	2434 UNA DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, TOM	
STREET ADDRESS	3140 BENT CREEK LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER KATHY	
STREET ADDRESS	3272 BENT CREEK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00 984 2922118  
Date Daytime Phone #