

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000000604

FILED  
Feb 03, 2003  
Secretary of State

Entity Name: SANS SOUCI ATHLETIC ASSOCIATION, INC.

## Current Principal Place of Business:

PO BOX 16295  
JACKSONVILLE, FL 322456295 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 16295  
JACKSONVILLE, FL 322456295 US

## New Mailing Address:

FEI Number: 59-3085770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RAY, BILL  
2434 UNA DR  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RAY, KAREN M  
Address: 2434 UNA DRIVE  
City-St-Zip: JACKSONVILLE, FL 322165039

Title: D ( ) Delete  
Name: MCGILL, DUANE  
Address: 5222 PENN CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD ( ) Delete  
Name: FOSTER, KATHY  
Address: 3272 BENT CREEK LANE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: RAY, BILL  
Address: 2434 UNA DR  
City-St-Zip: JACKSONVILLE, FL 322165039

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCGILL, DUANE  
Address: 5222 PENN CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change ( ) Addition  
Name: LESTER, DARREN  
Address: 2533 IRONWOOD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change ( ) Addition  
Name: FOSTER, KATHY  
Address: 3272 BENT CREEK LANE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change ( ) Addition  
Name: RAY, BILL  
Address: 2434 UNA DR  
City-St-Zip: JACKSONVILLE, FL 322165039

Title: SD ( ) Change (X) Addition  
Name: GABRIEL, ROBIN  
Address: 11687 STARFISH AVE.  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL RAY

D

02/03/2003

Electronic Signature of Signing Officer or Director

Date