

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/

DOCUMENT # N93000000962

1. Entity Name

JUSTINA ATHLETIC ASSOCIATION, INC.

**FILED**  
**Sep 19, 2000 8:00 am**  
**Secretary of State**

08-25-2000 90001 012 \*\*\*\*61.25

Principal Place of Business 3101 JUSTINA ROAD JACKSONVILLE FL 32211	Mailing Address 8511 MATHONIA AVE. JACKSONVILLE FL 32211
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7010238	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUMMINGS, WILLIE  
8511 MATHONIA AVE.  
JACKSONVILLE FL 32211

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**  
**After September 13, 2000 min. will be \$236.25**

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 P NAME CUMMINGS, WILLIE STREET ADDRESS 8511 MATHONIA AVE. CITY-ST-ZIP JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
TITLE T NAME CUMMINGS, ANGELA STREET ADDRESS 8511 MATHONIA AVE. CITY-ST-ZIP JACKSONVILLE FL 32211	<input checked="" type="checkbox"/> Delete
TITLE S NAME MADDEN, JAMIA STREET ADDRESS 3401 TOWNSEND BLVD. APT. 416 CITY-ST-ZIP JACKSONVILLE FL 32277	<input type="checkbox"/> Delete
TITLE D NAME MADDEN, WILLIE M JR. STREET ADDRESS 3401 TOWNSEND BLVD. APT. 416 CITY-ST-ZIP JACKSONVILLE FL 32277	<input checked="" type="checkbox"/> Delete
TITLE D NAME JONES, ANGELA STREET ADDRESS 5819 POMPANO DR. CITY-ST-ZIP JACKSONVILLE FL 32277	<input checked="" type="checkbox"/> Delete
TITLE AD NAME WITHERSPOON, CLASHOUS STREET ADDRESS 3355 ASHRIDGE DR CITY-ST-ZIP JAX FL 32225	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME NICOLE JOHNSON STREET ADDRESS 2623 SAM HANSON PLACE CITY-ST-ZIP JACKSONVILLE, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME JAMIA MADDEN STREET ADDRESS 5940 WENTWORTH CIRS. CITY-ST-ZIP JAX FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME NANETTE MCGHEE STREET ADDRESS 6052 GREEN WILLOW CT. W. CITY-ST-ZIP JACKSONVILLE, FL 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jamia Madden  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/00  
Date Daytime Phone #

CR2E037 (5/00)