

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000962

1. Entity Name

JUSTINA ATHLETIC ASSOCIATION, INC.

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90388 040 ****61.25

Principal Place of Business

3101 JUSTINA ROAD
JACKSONVILLE FL 32211

Mailing Address

8511 MATHONIA AVE.
JACKSONVILLE FL 32211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7010238

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CUMMINGS, WILLIE
8511 MATHONIA AVE.
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	DANIEL WILLIAMS, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL WILLIAMS	
STREET ADDRESS	6413 SHADY OAK	
CITY - ST - ZIP	JACKSONVILLE, FL 32277	
TITLE	Financial Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMIA MADDEN	
STREET ADDRESS	5940 WENTWORTH CIR S.	
CITY - ST - ZIP	JACKSONVILLE, FL 32277	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIS MCGHEE	
STREET ADDRESS	5940 WENTWORTH CIR S.	
CITY - ST - ZIP	JACKSONVILLE, FL 32277	
TITLE	RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nicole Lee Smith	
STREET ADDRESS	2623 SAM HOUSTON PLACE	
CITY - ST - ZIP	JACKSONVILLE, FL 32246	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLISA ELLIS	
STREET ADDRESS	2214 MAREBA RD. E	
CITY - ST - ZIP	JACKSONVILLE, FL 32246	

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

3/15/01

398-1522

CR2E037 (10/00)