

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90199 019 ****70.00

DOCUMENT # N93000000962

1. Entity Name

JUSTINA ATHLETIC ASSOCIATION, INC.



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

Zip

Country

Zip

Country

4. FEI Number **23-7010238**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Willie Cummings

01-16-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CUMMINGS, WILLIE | |
| STREET ADDRESS | 8511 MATHONIA AVE. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32211 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOHNSON, JACK SR | |
| STREET ADDRESS | 5396 RIVERBREEZE COURT | |
| CITY-ST-ZIP | JACKSONVILLE FL 32277 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FUNDERBURG, LESA M | |
| STREET ADDRESS | 3545 CESERY BLVD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32277 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCGHEE, ELLIS | |
| STREET ADDRESS | 5940 WENTWORTH CIR. S. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32277 | |
| TITLE | AD | <input type="checkbox"/> Delete |
| NAME | SMITH, NICOLE L | |
| STREET ADDRESS | 2623 SAM HOUSTON PLACE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32246 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | ELLIS, ARLISA | |
| STREET ADDRESS | 2214 MAREBA RD. E. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32246 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

Willie Cummings

01-16-03

(904) 838-6053

CR2E037 (10/02)