

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001316 (9)

1. Corporation Name

NATIONAL JUNIOR MEN'S BASKETBALL, INC.



Principal Place of Business

Mailing Address

8301 CYPRESS PLAZA DR.
SUITE 120
JACKSONVILLE FL 32256-4426

8301 CYPRESS PLAZA DR.
SUITE 120
JACKSONVILLE FL 32256-4403

3. Date Incorporated or Qualified
03/17/1993

3a. Date of Last Report
01/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3174450

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNHARDT, HARVEY E
8301 CYPRESS PLAZA DR.
SUITE 120
JACKSONVILLE FL 32256-4426

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME JACKSON, MARTIN
STREET ADDRESS 4190 BELFORT RD., SUITE 300
CITY-ST-ZIP JACKSONVILLE FL 32216

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BOSWORTH, WILLIAM P
STREET ADDRESS 9765 SAN JOSE BLVD., #6
CITY-ST-ZIP JACKSONVILLE FL 32257

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HART, JOHN V
STREET ADDRESS 3187 GORDON ST.
CITY-ST-ZIP ORANGE PARK FL 32065-6833

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BERNHARDT, HARVEY E
STREET ADDRESS 8301 CYPRESS PLAZA DR., SUITE 120
CITY-ST-ZIP JACKSONVILLE FL 32256

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LANG, MARGY
STREET ADDRESS 4124 BOULEVARD CENTER DR.
CITY-ST-ZIP JACKSONVILLE FL 32207

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PESTERFIELD, DAVID
STREET ADDRESS 11624 KINGSLEY MANOR WAY
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNHARDT, HARVEY E 2/27/97 94 296 2333

CP2E037 (9/96)