

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002831

1. Entity Name

WESCONNETT ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4717 WESCONNETT BLVD.
JACKSONVILLE FL 32210

4717 WESCONNETT BLVD.
JACKSONVILLE FL 32210-7314

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

59-3050360

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DURHAM, GLENN

2052 NAVAHO ROAD
JACKSONVILLE FL 32210

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

Michael A. Ornela

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

(NOTE: Registered Agent signature required when reinstating)

5 FEB 00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ORNELLA, MICHAEL A
6451 ANVERS BLVD.
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ATKINSON, DUANE
893 CREST DRIVE EAST
JACKSONVILLE FL 32221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DURHAM, GLENN
2052 NAVAHO ROAD
JACKSONVILLE FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BLACKMER, SHAWN
6334 AUTLAN DRIVE
JACKSONVILLE FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addit

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MICHAEL A. ORNELA
MICHAEL A. ORNELA
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 FEB 00 904-232-16

Date

Daytime Phone #