

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002831

1. Entity Name

WESCONNETT ATHLETIC ASSOCIATION, INC.

Principal Place of Business

4717 WESCONNETT BLVD.
JACKSONVILLE FL 32210

Mailing Address

4717 WESCONNETT BLVD.
JACKSONVILLE FL 32210

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE TD ☒ Change ☐ Addition
NAME ORNELLA, MICHAEL A.
STREET ADDRESS 4471 SHILOH LANE
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32210

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME DAVID LECLAIRE
STREET ADDRESS 9759 BROCKHAM COURT
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. ORNELLA 8 APR 01 904-232-1600

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE