

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003588

1. Entity Name

MAXVILLE CIVIC ATHLETIC ASSOCIATION, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90021 023 ****70.00

Principal Place of Business

18065 PENNSYLVANIA AVENUE
JACKSONVILLE FL 32234
US

Mailing Address

18065 PENNSYLVANIA AVENUE
JACKSONVILLE FL 32234
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3206265

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, MIKE
5726 LONGBRANCH ROAD
JACKSONVILLE FL 32234

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 ☐ Delete
NAME P
STREET ADDRESS MORGAN, MIKE
CITY-ST-ZIP 5726 LONGBRANCH ROAD
JACKSONVILLE FL

TITLE ☐ Delete
NAME D
STREET ADDRESS MCCrackin, Terri
CITY-ST-ZIP 5902 SOLOMAN ROAD
JACKSONVILLE FL 32234

TITLE ☐ Delete
NAME S
STREET ADDRESS STEELE, ANN
CITY-ST-ZIP 17301 NORMANDY BLVD
JACKSONVILLE FL 32234

TITLE ☐ Delete
NAME T
STREET ADDRESS LANIER, GAYLA
CITY-ST-ZIP 8727 PINE ST
MAXVIE FL 32234

TITLE ☒ Delete
NAME V
STREET ADDRESS LANIER, DANNY
CITY-ST-ZIP 8727 PINE ST
MAXVIE FL 32234

TITLE ☐ Delete
NAME D
STREET ADDRESS GODWIN, BILL
CITY-ST-ZIP 18366 WARE AVE.
MAXVILLE FL 32234

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME D TED KROESE
STREET ADDRESS 14922 BELL ESTATE RD.
CITY-ST-ZIP JAX. FL. 32234

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

Date

Daytime Phone #

CR2E037 (10/00)