

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003753

1. Entity Name

J.P. HALL CHILDREN'S CHARITY BASS TOURNAMENT, IN

Principal Place of Business

Mailing Address

~~P.O. DRAWER D-401 Walnut St~~  
GREEN COVE SPRINGS FL 32043

~~P.O. DRAWER D-401 Walnut St~~  
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNOLD, L J III  
718 N. ORANGE AVE.  
GREEN COVE SPRINGS FL 32043

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 state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-10-2001

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	D ARNOLD, L J III 718 N. ORANGE AVE GREEN COVE SPRINGS FL 32043	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DUVAL, STEVE 2301 PARK AVE., SUITE 402 ORANGE PARK FL 32073	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DASHER, C W 979 WORTHINGTON AVE GREEN COVE SPRINGS FL 32043	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JOFF Short 401 Walnut St Green Cove Spgs FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P./Sec. VAN ROYAL 3616 Magnolia Pt Blvd Green Cove Spgs FL 32043	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Director Dasher 401 Walnut St Green Cove Springs FL 32043</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clyde MIXON Sec/Treas 684 Kingsley Ave O.P. FL 32073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1-10-01

Date

904-284-3165

Daytime Phone #

FILED  
Mar 30, 2001 8:00 am  
Secretary of State

02-28-2001 90040 015 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)