

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004760 (5)

1. Corporation Name

JACKSONVILLE RUGBY FOOTBALL CLUB, INC.



Principal Place of Business

Mailing Address

P.O. BOX 19904
JACKSONVILLE FL 32245

P.O. BOX 19904
JACKSONVILLE FL 32245

3. Date Incorporated or Qualified

10/14/1993

3a. Date of Last Report

08/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3214389

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

City & State

24

Zip

Country

29

Zip

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLEDSON, JAMES A JR.
2501 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

81

Name

Bledsoe, James A JR

82

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

1301 Riverplace Blvd

83

Suite 1818

84

City

Jacksonville

FL

85 Zip Code

32207

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STASCO, GARY
STREET ADDRESS 13883 WINDJAMMER LANE
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ DELETE

1.1 TITLE PD
1.2 NAME STASCO, GARY
1.3 STREET ADDRESS 791 ASSISI LN #702
1.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32233 ☒ Change ☐ Addition

TITLE SD
NAME ROGERS, JASON
STREET ADDRESS 318 FIRST ST
CITY-ST-ZIP NEPTUNE BEACH FL ☐ DELETE

2.1 TITLE SD
2.2 NAME ROGERS, JASON
2.3 STREET ADDRESS 4227 ST FRANCIS CIR
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32210 ☒ Change ☐ Addition

TITLE TD
NAME CONNOLLY, MIKE
STREET ADDRESS 2559 WHISPERING WOODS BLVD #5
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

3.1 TITLE TD
3.2 NAME CONNOLLY, MIKE
3.3 STREET ADDRESS 2459 Whispering Woods Blvd #3
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32246 ☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Nancy W. Stasco

GARY W. STASCO

PRESIDENT

4/23/96

904 249 9532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)