

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90088 047 ****61.25

DOCUMENT # N93000004760

1. Entity 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

2. Principal Place of Business

3. Mailing Address

P.O. Box 19923

P.O. Box 19923

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jacksonville, FL

Jacksonville, FL

City & State

City & State

32245 USA

32245 USA

Zip

Country

Zip

Country

4. FEI Number

59-3214389

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

BLEDSON, JAMES A J
1301 RIVERPLACE BLVD
SUITE 1813
JACKSONVILLE FL 32207

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 **PD** ☒ Delete
 NAME **STASCO, GARY**
 STREET ADDRESS **791 ASSISI LN, #702**
 CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Graham, John**
 STREET ADDRESS **7842 Invermere Blvd. N.**
 CITY-ST-ZIP **Jacksonville, FL 32244**

TITLE **SD** ☐ Delete
 NAME **WHITE, KEITH**
 STREET ADDRESS **237 LORING COURT**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **TD** ☒ Change ☐ Addition
 NAME **White, Keith**
 STREET ADDRESS **237 Loring Ct.**
 CITY-ST-ZIP **Orange Park, FL 32073**

TITLE **TD** ☒ Delete
 NAME **KING, WES**
 STREET ADDRESS **1104 LASALLE ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Kroll, Ken**
 STREET ADDRESS **3601 Kernan Blvd. #1916**
 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Keith White **Keith White**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02
 Date

904-465-3048
 Daytime Phone #

CR2E037 (9/01)