

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002362

1. Entity Name

ALIMACANI RECREATION BOOSTERS' CLUB, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90089 036 ****61.25

Principal Place of Business

Mailing Address

2051 SAN PABLO ROAD
JACKSONVILLE FL 32224

2051 SAN PABLO ROAD
JACKSONVILLE FL 32224-1031

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

59-3310955

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

HULSEY, MARK III
1551 ATLANTIC BLVD.
SUITE 200
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:

FEES 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MIMMS, JOSEPH
13584 LOBO COURT
JACKSONVILLE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/O
HART, CATHY
2473 BLUFFTON DRIVE WEST
JACKSONVILLE, FL 32224 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
DAHLENBURG, MARLA
14316 DAHLONEGA LANE
JACKSONVILLE FL 32224 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S/D
BROCK, WILLIAM
13525 VALBUENA COURT
JACKSONVILLE, FL 32224 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KRIEHEL, RAYMOND
13045 PALMETTO GLADE DR
JACKSONVILLE BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D
BOOTH, JULIE
14110 DRAKES POINT DRIVE
JACKSONVILLE, FL 32224 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
BISHARA, JENNIFER
13896 SUNRISE LAKE CT
JACKSONVILLE FL 32224 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
JOHNSON, DEBBIE
14273 FALCONHEAD CT.
JACKSONVILLE FL 32224 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Julie S. Booth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-00

904-223-0758

CR2E037 (9/99)