

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000002362**

1. Entity Name

ALIMACANI RECREATION BOOSTERS' CLUB, INC.

Principal Place of Business

**2051 SAN PABLO ROAD
JACKSONVILLE FL 32224**

Mailing Address

**2051 SAN PABLO ROAD
JACKSONVILLE FL 32224**

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

**HULSEY, MARK III
1551 ATLANTIC BLVD.
SUITE 200
JACKSONVILLE FL 32207**

4. FEI Number

59-3310955

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

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	P/D	<input type="checkbox"/> Delete
NAME	HART, CATHY	
STREET ADDRESS	2473 BLUFFTON DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	BROCK, WILLIAM	
STREET ADDRESS	13525 VALBUENA COUNRT	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOOTH, JULIE	
STREET ADDRESS	14110 DRAKES POINT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom PHILIPP-EDMONDS	
STREET ADDRESS	2313 THE WOODS DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETH CARTLIDGE	
STREET ADDRESS	2873 WAVERLY FALLS COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 (or TYPED OR PRINTED NAME OF SIGNING AGENT OR DIRECTOR)

Date

Residence Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90404 034 ****61.25

00054617

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)