

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-12-2001 90021 041 ****61.25

DOCUMENT # N95000002822

1. Entity Name

ST. JOHNS SPORTS ASSOCIATION, INC.

Principal Place of Business

11269 CLOVERHILL CT
JACKSONVILLE FL 32257

Mailing Address

446-25 SR 13
332
JACKSONVILLE FL 32259
US

2. Principal Place of Business

4587 Wilderness Ct.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 600789

Suite, Apt. #, etc.

City & State

Jax FL

City & State

Jacksonville FL

Zip

32258

Country

USA

Zip

32260

Country

USA

6. Name and Address of Current Registered Agent

MINOR, RANDALL G
5515 PHILLIPS HWY
JACKSONVILLE FL 32207

4. FEI Number

59-3112205

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

Mako Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, EARL	
STREET ADDRESS	1350 DEGROVE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LEVY, DAVID	
STREET ADDRESS	1109 KALMIA CT	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CHASTAIN, CANDY	
STREET ADDRESS	4587 WILDERNESS CT.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ISGETTE, HAROLD	
STREET ADDRESS	11269 CLOVERHILL CT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Newman, Earl - D	
STREET ADDRESS	1350 DeGrove Rd	
CITY-ST-ZIP	Jacksonville FL 32259	
TITLE	Ferrell S. Bishop - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	136 Johns Glenn Dr	
STREET ADDRESS	Jax FL	
CITY-ST-ZIP	32259	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chastain, Candy	
STREET ADDRESS	4587 Wilderness Ct.	
CITY-ST-ZIP	Jacksonville FL 32258	
TITLE	Janet H. White - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 600823	
STREET ADDRESS	Jax FL	
CITY-ST-ZIP	32260	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)