

DOCUMENT # N95000005523

1. Entity Name

JACKSONVILLE UNITED LABOR ALLIANCE, INC.

FILED
Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90011 001 ****74.00

Principal Place of Business

12838 DUNNS CREEK ROAD
JACKSONVILLE FL 32218
US

Mailing Address

12838 DUNNS CREEK ROAD
JACKSONVILLE FL 32218
US

12838 Dunns Creek Rd

2. Principal Place of Business

3. Mailing Address

12838 Dunns Creek Rd

Suite, Apt., etc.

Suite, Apt., etc.

City & State

JAX, FL

City & State

JAX, FL

4. FEI Number

59-3364736

Applied For

Not Applicable

Zip

32218

Country

Dual

Zip

32218

Country

Dual

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

BOWDEN, JOHN W
12838 DUNNS CREEK ROAD
JACKSONVILLE FL 32218

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

John W Bowden

1.4.02

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 FeesMake 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
D
BOWDEN, JOHN W
12838 DUNNS CREEK ROAD
JACKSONVILLE FL 32218
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPENCER, CHARLES
2040 E 21ST ST
JACKSONVILLE FL 32206
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OSBORNE, LARRY
1468 HENDRICKS AVE
JACKSONVILLE FL 32207
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
EVANS, GARY
9616 KENTUCKY ST
JACKSONVILLE FL 32218
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GREENE, RONNIE L
1210 LANE AVE N
JACKSONVILLE FL 32254
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOWERSOCK, SUE
4000 UNION HALL PL
JACKSONVILLE FL 32205
☐ DeleteTITLE
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:

John W Bowden

1.4.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)