

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000380

1. Entity Name

BLAZE JUNIOR VOLLEYBALL CLUB, INC.

Principal Place of Business

253 DEERWOOD CIRCLE
MIDDLEBURG FL 32068

Mailing Address

253 DEERWOOD CIRCLE
MIDDLEBURG FL 32068

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3384926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATRICK, SUE ELLEN
253 DEERWOOD CIRCLE
MIDDLEBURG FL 32068

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 PD
NAME HOLSTE, PHILLIP
STREET ADDRESS 1223 BEAR RUN BLVD
CITY-ST-ZIP ORANGE PARK FL 32065

☐ Delete

TITLE VPD
NAME HUGHES, JIM
STREET ADDRESS 3411 SHENANDOAH DR W
CITY-ST-ZIP ORANGE PARK FL 32073

☐ Delete

TITLE TSD
NAME PATRICK, SUE ELLEN
STREET ADDRESS 253 DEERWOOD CIR.
CITY-ST-ZIP MIDDLEBURG FL 32065

☐ Delete

TITLE TD
NAME PREWITT, CARRIE
STREET ADDRESS 5108 N CHICORY
CITY-ST-ZIP MIDDLEBURG FL 32068

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sue Ellen Patrick 1-15-01 904-272-3000

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0009523

CR2E037 (10/00)