

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002095

1. Entity Name

THE RIVER CITY PROWLERS FAN CLUB, INC.

**FILED**  
**Aug 04, 2000 8:00 am**  
**Secretary of State**

08-04-2000 90005 040 \*\*\*\*61.25

Principal Place of Business 4446 BREAKWATER ROW WEST JACKSONVILLE FL 32225	Mailing Address 4446 BREAKWATER ROW WEST JACKSONVILLE FL 32225
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-3373747	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LUCAS, ELAINE  
10161 CENTURION PARKWAY NORTH STE 190  
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name  
JANE MOON  
Street Address (P.O. Box Number is Not Acceptable)  
4446 BREAKWATER ROW W.  
City  
JACKSONVILLE FL Zip Code  
32225

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 *Jane E Moon* JANE E. MOON, PRES. 7/21/00  
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 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOON, JANE 4446 BREAKWATER ROW WEST JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRIE, FRANK 1153 RAMALLAH ROAD JACKSONVILLE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, THOMAS POST OFFICE BOX 37906 N/A JACKSONVILLE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENNIMORE, TERESA 13358 CURRATUCK DRIVE JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIERS, ED 1321 GRANDVIEW DRIVE JACKSONVILLE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILDY, JOHN 6560 PINE SUMMIT DR JACKSONVILLE FL 32211 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D BAEZ, ROBERT 3158 ASHRIDGE DR. JACKSONVILLE FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D ARTHUR MOON 11124 CAROLINE CREST DR JACKSONVILLE FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D JOHN MOON 4446 BREAKWATER ROW W. JACKSONVILLE FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> 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 Biddy Jr.* J. Biddy Jr. (Treasurer) 7/21/00 (904) 370-6766  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)