

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
 05-18-2001 91571 038 ****61.25

DOCUMENT # N96000002095

1. Entity Name

THE RIVER CITY PROWLERS FAN CLUB, INC.

Principal Place of Business

**4446 BREAKWATER ROW WEST
 JACKSONVILLE FL 32225**

Mailing Address

**4446 BREAKWATER ROW WEST
 JACKSONVILLE FL 32225**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3373747**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**MOON, JANE
 4446 BREAKWATER ROW W
 JACKSONVILLE FL 32225**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D MOON, JANE**
 STREET ADDRESS **4446 BREAKWATER ROW WEST**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D FERRIE, FRANK**
 STREET ADDRESS **1153 RAMALLAH ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ Change ☐ Addition
 NAME **Robert Baer**
 STREET ADDRESS **3169 Ashridge Dr.**
 CITY-ST-ZIP **Jacksonville, FL. 32225-1769**

TITLE ☐ Delete
 NAME **D TAYLOR, THOMAS**
 STREET ADDRESS **POST OFFICE BOX 37906 N/A**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ Change ☐ Addition
 NAME **Arthur Moon**
 STREET ADDRESS **2518 Kellow Circle**
 CITY-ST-ZIP **Jacksonville, FL. 32225**

TITLE ☐ Delete
 NAME **D FENNIMORE, TERESA**
 STREET ADDRESS **13358 CURRATUCK DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D SPIERS, ED**
 STREET ADDRESS **1321 GRANDVIEW DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ Change ☐ Addition
 NAME **John Moon**
 STREET ADDRESS **4446 Breakwater Row West**
 CITY-ST-ZIP **Jacksonville, FL. 32225**

TITLE ☐ Delete
 NAME **D BILDY, JOHN**
 STREET ADDRESS **6560 PINE SUMMIT DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (904)370-6781

CR2E037 (10/00)