2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90183 005 ****61.25

DOCUMENT # N96000002352

1. Entity Name
JACKSONVILLE BEACH BASEBALL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
361 PENMAN ROAD POST OFFICE BOX 50042 JACKSONVILLE FL 32250	361 PENMAN ROAD POST OFFICE BOX 50042 JACKSONVILLE FL 32250

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
361 Penman Road	P.O. Box 50042
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Beach, FL	City & State: Jacksonville Beach, FL
Zip: 32250 Country: U.S.A.	Zip: 32250 Country: U.S.A.

4. FEI Number 59-3370216 ☐ Applied For ☐ Not Applicable

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
MAKOFKA, LESTER ESQUIRE 1200 RIVERPLACE BOULEVARD SUITE 812 JACKSONVILLE FL 32207	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WARD, ROBERT 510 13TH AVE S JACKSONVILLE BEACH FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCNULTY, JIM 2127 OSPREY POINT D WEST JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARKUS, JULIE 1018 N. 15TH AVENUE JACKSONVILLE BEACH FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LYONS, MARTI 6 OAKWOOD RD JACKSONVILLE BEACH FL 32250	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STEVE FARRER 1929 10TH ST. #NORTH JACKSONVILLE BEACH FL. 32250 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: ~~STEVE FARRER~~ TD REQUIRED Robert Ward PD 01/30/03