

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000014

1. Entity Name

JULIUS GUINYARD TENNIS ASSOCIATION, INC.

Principal Place of Business

2460 EASTILL DRIVE
JACKSONVILLE FL 32211

Mailing Address

POST OFFICE BOX 41013
JACKSONVILLE FL 32203-1013

2. Principal Place of Business

953 TURTLE CREEK DR. S.

3. Mailing Address

P.O. Box 41013

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

Zip

32218

Country

USA

Zip

32203-1013

Country

USA

4. FEI Number

59-3484951

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMALL, CHARLINE
2460 EASTILL DRIVE
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name VANESSA DAVIS

Street Address (P.O. Box Number is Not Acceptable)

953 TURTLE CREEK DR. S.

City

JACKSONVILLE

FL

Zip Code

32218

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

08/07/01

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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	<input type="checkbox"/> Delete
NAME	ROBINSON, O. TERRY	
STREET ADDRESS	2008 WEST 18TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALKER, RICHARD	
STREET ADDRESS	5791 UNIVERSITY CLUB ROAD STE 708	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAMKIN, JOHN	
STREET ADDRESS	8978 SANDUSKY DR	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]

8-7-01

(904) 745-0185

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90005 022 ****61.25

C0075629



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)