

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

May 03, 2001 8:00 am
Secretary of State

04-10-2001 90108 023 *****70.00

DOCUMENT # N97000003438

1. Entity Name

JACKSONVILLE CHECKER CLUB INC.

Principal Place of Business

2001 W. BEAVER ST.
JACKSONVILLE FL 32209

Mailing Address

2001 W. BEAVER ST.
JACKSONVILLE FL 32209

2. Principal Place of Business

3101 N MYRTLE AVE

Suite, Apt. #, etc.

3. Mailing Address

3101 N MYRTLE AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL

Zip

32209

Country

DUVAL

Zip

32209

Country

DUVAL

4. FEI Number

59-3490820

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOBLEY, EUGENE JR.
2001 W. BEAVER ST.
JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent

Name

EUGENE MOBLEY JR

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

3101 N MYRTLE AVE

City

JACKSONVILLE

FL

Zip Code

32209

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

Eugene Mobley Jr PD

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

(NOTE: Registered Agent signature required when reinstating)

4/4/01

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	<input type="checkbox"/> Delete
NAME	MOBLEY, EUGENE JR	
STREET ADDRESS	5800 BARNES RDS #4	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	JONES, WILLIE	
STREET ADDRESS	2001 W. BEAVER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MALLOY, ULYSEE	
STREET ADDRESS	2001 W BEAVER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBLEY, EUGENE JR	
STREET ADDRESS	5800 BARNES RDS #4	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLOY, ULYSEE	
STREET ADDRESS	3101 N MYRTLE AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ODELL BRIGHT	
STREET ADDRESS	3101 N MYRTLE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
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)(l), 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: Eugene Mobley Jr PD EUGENE MOBLEY JR 4/4/01 904 633-8672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)