

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006502

1. Entity Name

THE JACKSONVILLE POP WARNER JUNIOR JAGUARS BOWL,

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

06-29-2000 90397 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6847 TANGO LANE N.  
JACKSONVILLE FL 32210

6847 TANGO LANE N.  
JACKSONVILLE FL 32210-6911

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3476024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONNORS, DENNIS B  
6847 TANGO LANE N.  
JACKSONVILLE FL 32210

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 D ☐ Delete  
NAME CONNORS, DENNIS B  
STREET ADDRESS 6847 TANGO LANE N.  
CITY-ST-ZIP JACKSONVILLE FL 32210

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

TITLE D ☐ Delete  
NAME ISGETTE, HAROLD  
STREET ADDRESS 11269 CLOVERHILL ST.  
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE D ☐ Delete  
NAME WHITE, RODGER  
STREET ADDRESS 10000 GATE PKWY. #1015  
CITY-ST-ZIP JACKSONVILLE FL 32246

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

TITLE D ☐ Delete  
NAME TWIGG, ROBERT  
STREET ADDRESS 4963 LOSCO ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE D ☐ Delete  
NAME MOSCHELLA, DIANE  
STREET ADDRESS 1193 KNOLL DR. W.  
CITY-ST-ZIP JACKSONVILLE FL 32221

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

TITLE D ☐ Delete  
NAME BUTLER, JON  
STREET ADDRESS 586 MIDDLETOWN BLVD. C-100  
CITY-ST-ZIP LANGHOM PA 19047

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dennis B Connors 6/20/00 904771-1230

CR2E037 (9/99)