

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90153 039 \*\*\*\*61.25

**DOCUMENT # N97000006502**

1. Entity Name

**THE JACKSONVILLE POP WARNER JUNIOR JAGUARS BOWL,**

Principal Place of Business

6847 TANGO LANE N.  
 JACKSONVILLE FL 32210

Mailing Address

6847 TANGO LANE N.  
 JACKSONVILLE FL 32210

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

☒ 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

**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.

**NA**  
 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	<input type="checkbox"/> Delete
NAME	CONNORS, DENNIS B	
STREET ADDRESS	6847 TANGO LANE N.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ISGETTE, HAROLD	
STREET ADDRESS	11269 CLOVERHILL ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, RODGER	
STREET ADDRESS	10000 GATE PKWY. #1015	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	<input type="checkbox"/> Delete
NAME	TWIGG, ROBERT	
STREET ADDRESS	4963 LOSCO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSCHELLA, DIANE	
STREET ADDRESS	1193 KNOLL DR. W.	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, JON	
STREET ADDRESS	586 MIDDLETOWN BLVD. C-100	
CITY-ST-ZIP	LANGHOM PA 19047	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Suber	
STREET ADDRESS	12846 Wanda Lane	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Earl Newman	
STREET ADDRESS	1350 No. Degrove Rd	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	L.J. Twigg	
STREET ADDRESS	4963 Losco Rd	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Duane Alford	
STREET ADDRESS	5724 Crestview Rd	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Les Bader	
STREET ADDRESS	6614 Moret Dr., So.	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Scantling	
STREET ADDRESS	1515 Berwick	
CITY-ST-ZIP	Jacksonville, FL 32207	

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:**

**Duane Alford**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-06-01**

Date

**904-786-8591**

Daytime Phone #

CR2E037 (10/00)