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

FILED
Aug 20, 2003 8:00 am
Secretary of State
08-20-2003 90053 023 ****61.25

DOCUMENT # N97000006502

1. Entity Name
THE JACKSONVILLE POP WARNER JUNIOR JAGUARS BOWL, INC.

Principal Place of Business	Mailing Address
6847 TANGO LANE N. JACKSONVILLE FL 32210	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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3476024 — 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
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. 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
After September 10, 2003, min will be $236.25

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	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	CONNORS, DENNIS B	NAME	Alford, M. Duane
STREET ADDRESS	6847 TANGO LANE N.	STREET ADDRESS	5724 Crestview Rd
CITY-ST-ZIP	JACKSONVILLE FL 32210	CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NEWMAN, EARL	NAME	
STREET ADDRESS	1350 NORTH DEGROVE ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WHITE, RODGER	NAME	
STREET ADDRESS	10000 GATE PKWY. #1015	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	TWIGG, ROBERT	NAME	
STREET ADDRESS	4963 LOSCO ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOSCHELLA, DIANE	NAME	
STREET ADDRESS	1193 KNOLL DR. W.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BUTLER, JON	NAME	
STREET ADDRESS	586 MIDDLETOWN BLVD. C-100	STREET ADDRESS	
CITY-ST-ZIP	LANGHOME PA 19047	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: M. Duane Alford — SIGNATURE REQUIRED — 8-18-03 — 904 786-8591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (4/03)