

2001 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Sep 13, 2001 8:00 am
Secretary of State

08-24-2001 90005 025 ****61.25

DOCUMENT # N98000000569

1. Entity Name

JACKSONVILLE ROD RUNNERS, INCORPORATED

Principal Place of Business

**2741 NAVAJO ROAD
 ORANGE PARK FL 32065**

Mailing Address

**2741 NAVAJO ROAD
 ORANGE PARK FL 32065**

2. Principal Place of Business
2149 Saye Drive

3. Mailing Address
2149 Saye Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3494662

Applied For
☐ Not Applicable

Zip
32225-4859

Country
Duval

Zip
32225-4859

Country
Duval

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

**WARD, KEITH
 2741 NAVAJO ROAD
 ORANGE PARK FL 32065**

Name
Teresa Hess

Street Address (P.O. Box Number is Not Acceptable)
2149 Saye Drive

Jacksonville, FL

City

FL

Zip Code
32225-4859

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 **Teresa Hess**

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

(NOTE: Registered Agent signature required when rehashing)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **WARD, KEITH**
 STREET ADDRESS **2741 NAVAJO RD.**
 CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE **D** ☐ Change ☒ Addition
 NAME **Greg Brantley**
 STREET ADDRESS **P.O. Box 600338**
 CITY-ST-ZIP **Jacksonville, FL 32260**

TITLE **D** ☒ Delete
 NAME **WARD, SKIP**
 STREET ADDRESS **8020 CAYUGA TRAIL S.**
 CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE **D** ☐ Change ☒ Addition
 NAME **Teresa Hess**
 STREET ADDRESS **2149 Saye Drive**
 CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE **D** ☐ Delete
 NAME **RILEY, BEVERLY**
 STREET ADDRESS **25893 SISSY LAKE**
 CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE **D** ☒ Change ☐ Addition
 NAME **Beverly Riley**
 STREET ADDRESS **5893 Sissy Lane**
 CITY-ST-ZIP **Jacksonville, FL 32222**

TITLE **D** ☒ Delete
 NAME **WARD, CONNIE**
 STREET ADDRESS **8020 CAYUGA TRAIL S.**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **D** ☐ Change ☒ Addition
 NAME **Kerrie Correia**
 STREET ADDRESS **5577 Jeremy Lane**
 CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURES PROVIDED

8-22-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)