

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000569

1. Entity Name

JACKSONVILLE ROD RUNNERS, INCORPORATED

Principal Place of Business

2149 SAYE DRIVE
JACKSONVILLE FL 32225-4859

Mailing Address

2149 SAYE DRIVE
JACKSONVILLE FL 32225-4859

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 59-3494662

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

HESS, TERESA
2149 SAYE DRIVE
JACKSONVILLE FL 32225-4859

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 BRANTLEY, GREG
STREET ADDRESS P O BOX 600338
CITY-ST-ZIP JACKSONVILLE FL 32260

TITLE D ☐ Change ☒ Addition
NAME Rasnake, Bruce
STREET ADDRESS 8105 Cayuga Trail, East
CITY-ST-ZIP Jacksonville, FL 32244

TITLE D ☐ Delete
NAME HESS, TERESA
STREET ADDRESS 2149 SAYE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE D ☐ Delete
NAME RILEY, BEVERLY
STREET ADDRESS 5893 SISSY LANE
CITY-ST-ZIP JACKSONVILLE FL 32222

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

TITLE D ☐ Delete
NAME CORREIA, KERRIE
STREET ADDRESS 5577 JEREMY LANE
CITY-ST-ZIP JACKSONVILLE FL 32257

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-02

904-646-3935



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)