

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005612

1. Entity Name

JACKSONVILLE MDAA, INC.

Principal Place of Business

10575 ATLANTIC BOULEVARD  
JACKSONVILLE FL 32225

Mailing Address

10575 ATLANTIC BOULEVARD  
JACKSONVILLE FL 32225

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

59-3538263

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

FAIRBANKS, RANDAL C  
217 PONTE VEDRA PARK DRIVE  
SUITE 200  
PONTE VEDRA BEACH FL 32082

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EPT  
GALEANI, JOHN  
10585 ATLANTIC BLVD.  
JACKSONVILLE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVPS  
RAMBACH, LARRY  
7447 BLANDING BLVD  
JACKSONVILLE FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
BILL LYNCH  
7505 BLANDING BLVD  
JACKSONVILLE, FL. ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
ENDICOTT, KENTON  
2304 GLYNN AVE  
BRUNSWICK GA ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
MIKE MCCLUSKEY  
C/O SUNSHINE MITSUBISHI, 1913 MONUMENTAL DR.  
WAYCROSS, GA. ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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  
SIGNATURE OF JOHN NIEGALEANI

Date

Daytime Phone #

4/17/01 904-565-2489

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE