

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90482 033 \*\*\*\*61.25

**DOCUMENT # N99000000271**

1. Entity Name

**JACKSONVILLE REGIONAL BEAR ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O THE EAGLE  
 1402 SAN MARCO BLVD.  
 JACKSONVILLE FL 32207

C/O THE EAGLE  
 1402 SAN MARCO BLVD.  
 JACKSONVILLE FL 32207-8536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/o Albert Corella  
 Suite, Apt. #, etc.  
 852 Talbot Ave

3. Mailing Address

C/o Albert Corella  
 Suite, Apt. #, etc.  
 852 Talbot Ave

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

Applied For

Not Applicable

Zip

32205

Country

USA

Zip

32205

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLANKENSHIP, KIMBERLY A ESQ  
 1474 SOUTH THIRD STREET  
 JACKSONVILLE BEACH FL 32250-6310

7. Name and Address of New Registered Agent

Name: Kimberly A Blankenship, Esq  
 Street Address (P.O. Box Number is Not Acceptable): 1300 Marsh Landing Parkway  
 Suite 100  
 City: Jacksonville Beach FL Zip Code: 32250

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
President	Paul Bickelstose	3492 mandarin woods Dr N	Jacksonville, FL 32223	<input checked="" type="checkbox"/>
Vice President	Daniel Pommeroy	1027 Live Ave #3	Jacksonville, FL 32207	<input checked="" type="checkbox"/>
Secretary	Ken Gunby	3492 mandarin woods Dr N	Jacksonville, FL 32223	<input checked="" type="checkbox"/>
Treasurer	Bob Spruill, JR.			<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Al Corella	852 Talbot Ave	Jacksonville, FL 32205	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	Bob Ron Thompson	4900 Eulace Rd	Jacksonville, FL 32210	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Joe Phillips	4900 Eulace Rd	Jacksonville, FL 32210	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Ron Nicholson	1358 Wolfe Street	Jacksonville, FL 32205	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 May, 2000

904-388-9210  
 Daytime Phone #

CR2E037 (9/99)