2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N99000000271 Jun 06, 2000 8:00 am Secretary of State 1. Entity Name JACKSONVILLE REGIONAL BEAR ASSOCIATION, INC. 06-06-2000 90482 033 ****61.25 Principal Place of Business Mailing Address C/O THE EAGLE C/O THE EAGLE 1402 SAN MARCO BLVD. 1402 SAN MARCO BLVD. JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-8536 2. Principal Place of Business 3. Mailing Address orella C/0 0 DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number FL ochsonvil Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (RO. Box Number is Not Acceptable BLANKENSHIP, KIMBERLY A ESQ ending M1474 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250-6310 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 · DATE (NOTE: Registered Agent signature required when reinstating). 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **C**hange ■ Addition Yiesid ewil TITI F TITLE resident A) Corella 852 Talkot Ave NAME (1700) You Bicker Stage NAME 3492 mondarin words Dr N STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Jacksonulle, FL Jacksonville: FL Vice fresident Doniel formering Change ☐ Addition TITLE Delete TITLE Ide Bar Ron Thompson NAME NAME 1027 Laive Ave STREET ADDRESS STREET ADDRESS 4000 Eulace 7d CITY-ST-ZIP CITY-ST-ZIP Tocksonviller FL Change Secretary == Decretary Addition. Delete TITI E ten Gunk NAME NAME Joe Phillips 3492 wandon's wards Dr N STREET ADDRESS STREET ADDRESS 4900 Eulaic Rol CITY-ST-ZIP CITY-ST-ZIP Jockson ville, PL xusoaville Addition Treasures Delete TITLE Treasurer Bob Spruil , JR Ron Nichelson NAME NAME 1358 Wolfe Street Docksonville, FL STREET ADDRESS STREET ADDRESS CITY-ST-7/E CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: