

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000000271**

1. Entity Name

JACKSONVILLE REGIONAL BEAR ASSOCIATION, INC.**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-05-2001 90034 024 *****61.25

Principal Place of Business

C/O ALBERT CARELLA
852 TALBOT AVE
JACKSONVILLE FL 32205

Mailing Address

C/O ALBERT CARELLA
852 TALBOT AVE
JACKSONVILLE FL 32205

2. Principal Place of Business

C/O Terry Cerniglia

Suite, Apt. #, etc.

852 Talbot Ave.

City & State

Jacksonville, FL

Zip

32205

Country

US

3. Mailing Address

C/O Terry Cerniglia

Suite, Apt. #, etc.

852 Talbot Ave

City & State

Jacksonville, FL

Zip

32205

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANKENSHIP, KIMBERLY A ESQ
1300 MARSH LANDING PKWY
STE 108
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

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 re-registering)

DATE

FILE NOW:
FEE IS \$61.259. 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	PD	<input checked="" type="checkbox"/> Delete
NAME	CORELLA, AL	
STREET ADDRESS	852 TALBOT AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, RON	
STREET ADDRESS	4000 EULACE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PHILLIPS, JOE	
STREET ADDRESS	4800 EULACE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NICHOLSON, RON	
STREET ADDRESS	1358 WOLFE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Terry Cerniglia	
STREET ADDRESS		852 Talbot Ave	
CITY-ST-ZIP		Jacksonville, FL 32205	
TITLE	D	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Bill Miller	
STREET ADDRESS		922 Talbot Ave	
CITY-ST-ZIP		Jacksonville, FL 32205	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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

3/31/2001 (904) 389.9991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)