

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90242 023 ****61.25

DOCUMENT # N99000000271

1. Entity Name

JACKSONVILLE REGIONAL BEAR ASSOCIATION, INC.

Principal Place of Business

C/O TERRY CERNIGLIA
 852 TALBOT AVE
 JACKSONVILLE FL 32205

Mailing Address

C/O TERRY CERNIGLIA
 852 TALBOT AVE
 JACKSONVILLE FL 32205

00128627



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O Ron Thompson
 4900 EULACE RD
 JACKSONVILLE, FL

3. Mailing Address

C/O Ron Thompson
 4900 EULACE RD
 JACKSONVILLE FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

JACKSONVILLE, FL

JACKSONVILLE FL

Zip

Country

Zip

Country

32210

USA

32210

USA

4. FEI Number

NOT APPLICABLE

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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 PD
 NAME CERNIGLIA, TERRY
 STREET ADDRESS 852 TALBOT AVE
 CITY-ST-ZIP JACKSONVILLE FL 32205

☐ Delete

TITLE DIRECTOR
 NAME TERRY CERNIGLIA
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE VPD
 NAME MILLER, BILL
 STREET ADDRESS 922 TALBOT AVE
 CITY-ST-ZIP JACKSONVILLE FL 32205

☒ Delete

TITLE PD
 NAME RON THOMPSON
 STREET ADDRESS 4900 EULACE ROAD
 CITY-ST-ZIP JACKSONVILLE, FL - 32210

☐ Change

☒ Addition

TITLE D SECRETARY/DIRECTOR
 NAME PHILLIPS, JOE
 STREET ADDRESS 4900 EULACE RD
 CITY-ST-ZIP JACKSONVILLE FL 32210

☐ Delete

TITLE VPD
 NAME PETER MIONE
 STREET ADDRESS 4722 FRENCH STREET
 CITY-ST-ZIP JACKSONVILLE, FL 32205

☐ Change

☒ Addition

TITLE T
 NAME NICHOLSON, RON
 STREET ADDRESS 1358 WOLFE STREET
 CITY-ST-ZIP JACKSONVILLE FL 32205

☒ Delete

TITLE TD
 NAME JEFF WRIGHT
 STREET ADDRESS 4629 SEABOARD AVE
 CITY-ST-ZIP JACKSONVILLE, FL 32210

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE D
 NAME ~~DAVID~~ PADILLA, RAMON
 STREET ADDRESS 1068 WILLOW COVE W
 CITY-ST-ZIP ATLANTIC BEACH, FL 32233

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE D
 NAME DAVID SCHNIEDER
 STREET ADDRESS 922 TALBOT AVE
 CITY-ST-ZIP JACKSONVILLE, FL 32205

☐ 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] RONALD THOMPSON

7/7/02 904-887-9576

CR2E037 (4/02)