

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90004 001 ****61.25

DOCUMENT # N99000001197

1. Entity Name

GREATER JACKSONVILLE YOUTH ATHLETIC COUNCIL, INC

Principal Place of Business

Mailing Address

**851 N. MARKET STREET
JACKSONVILLE FL 32202**

**851 N. MARKET STREET
JACKSONVILLE FL 32202**

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 **59-3412094**

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

**CONNORS, DENNIS B
6847 TANGO LANE NORTH
JACKSONVILLE FL 32210**

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	D	☐ Delete
NAME	CONNORS, DENNIS B	
STREET ADDRESS	6847 TANGO LANE N	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	☐ Delete
NAME	ELLISON, ALBERT	
STREET ADDRESS	5310 REDERICKSBURG AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	☐ Delete
NAME	SUBER, JAMES L	
STREET ADDRESS	12846 WANDA LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	D	☐ Delete
NAME	ADKINS, BILL	
STREET ADDRESS	3005 CLYDE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Dennis B Connors
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/01

904-771-2330

CR2E037 (10/00)