

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003410

1. Entity Name

EDDIE JONES BASKETBALL CAMP, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90117 030 ****70.00

Principal Place of Business

5957 NW 74TH TERR.
PARKLAND FL 33067

Mailing Address

5957 NW 74TH TERR.
PARKLAND FL 33067

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3400 PADDOCK ROAD

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33331

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0923656

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THIGPEN, FRANCES
5957 NW 74TH TERR.
PARKLAND FL 33067

7. Name and Address of New Registered Agent

Name

TRINA EDNEY JONES

Street Address (P.O. Box Number is Not Acceptable)

3400 PADDOCK ROAD

City

WESTON

FL

Zip Code

33331

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

Trina Edney Jones

(NOTE: Registered Agent signature required when reinstating)

2-12-01

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 D
NAME THIGPEN, FRANCES
STREET ADDRESS 5957 NW 74TH TERR.
CITY-ST-ZIP PARKLAND FL 33067 ☐ Delete

TITLE D
NAME THIGPEN, E.J.
STREET ADDRESS 5957 NW 74TH TERR.
CITY-ST-ZIP PARKLAND FL 33067 ☐ Delete

TITLE DT
NAME EDNEY, TRINA
STREET ADDRESS 5957 NW 74TH TERR.
CITY-ST-ZIP PARKLAND FL 33067 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

Trina Edney Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01 (951)661-5541

Date

Daytime Phone #

CR2E037 (10/00)