

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006826

1. Entity Name

GILBERT ATHLETICS ASSOCIATION, INC.

Principal Place of Business

1060 WOODBRIDGE HOLLOW ROAD
JACKSONVILLE FL 32218

Mailing Address

1060 WOODBRIDGE HOLLOW ROAD
JACKSONVILLE FL 32218

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

65-0966646

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

Name

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

City

FL

Zip Code

THOMAS, JOHN W
1619 ELIZABETH STREET
JACKSONVILLE FL 32206

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

Thomas, John W

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

(NOTE: Registered Agent signature required when reinstating)

8-6-01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, 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 HERMAN, RODNEY ☐ Delete
STREET ADDRESS 1379 FLORIDA AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32206

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

TITLE VD
NAME WILLIAMS, CEDRIC ☐ Delete
STREET ADDRESS 1153 HARRISON STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

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

TITLE TD
NAME MILLEDGE, DARRYL SR ☐ Delete
STREET ADDRESS 1060 WOODBRIDGE HOLLOW ROAD
CITY-ST-ZIP JACKSONVILLE FL 32218

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

TITLE TD
NAME MILLEDGE, SELINA ☐ Delete
STREET ADDRESS 1060 WOODBRIDGE HOLLOW ROAD
CITY-ST-ZIP JACKSONVILLE FL 32218

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

TITLE D
NAME MILEY, HENRY C ☐ Delete
STREET ADDRESS 1426 FRANKLIN STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

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

TITLE D
NAME THOMAS, JOHN W ☐ Delete
STREET ADDRESS 1619 ELIZABETH STREET
CITY-ST-ZIP JACKSONVILLE

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:

Selina Milledge

REQUIRED

8-6-01 (94)860-0016

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90002 019 ****61.25



DO NOT WRITE IN THIS SPACE

0001255

CR2E037 (5/01)