

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90688 003 \*\*\*150.00

**DOCUMENT # P95000085754**

1. Entity Name

JACKSONVILLE PROFESSIONAL FOOTBALL, INC.

Principal Place of Business

160 FOXRIDGE RD  
 ORANGE PARK FL 32065  
 US

Mailing Address

160 FOXRIDGE RD  
 ORANGE PARK FL 32065  
 US

2. Principal Place of Business

85 DeBARRY AVE

Suite/Apt. #, etc.

3053

City & State

Orange Park, FL

Zip

32073

Country

US

3. Mailing Address

85 DeBARRY AVE

Suite/Apt. #, etc.

3053

City & State

Orange Park FL

Zip

32073

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3354039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, JUDY A  
 160 FOXRIDGE RD  
 ORANGE PARK FL 32065

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

*Judy Hamilton*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WALDRON-WEST, SUSAN	
STREET ADDRESS	1611 WOODMERE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAMILTON, JUDY A	
STREET ADDRESS	160 FOXRIDGE RD	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES. & ENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, JUDY A	
STREET ADDRESS	85 DeBARRY AVE Suite 3053	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Judy Hamilton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02 904-631-8763

Date

Daytime Phone #

CR2E034 (9/01)