

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000022814**

1. Entity Name

**MAHONEY DISTRIBUTORS of Jacksonville, Inc.**

Principal Place of Business

**12217 Nobleman Dr.  
Jacksonville, FL 32223**

Mailing Address

**P.O. Box 7806  
Jacksonville, FL 32238**

2. Principal Place of Business

**12217 Nobleman Dr**

3. Mailing Address

**P.O. Box 7806**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip

**32223**

Country

**USA**

Zip

**32238**

Country

**USA**

4. FEI Number

**59-3565467**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**Timothy M. Mahoney  
12217 Nobleman Dr.  
Jacksonville, FL 32223**

7. Name and Address of New Registered Agent

Name

**Timothy M. Mahoney**

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

**12217 Nobleman Dr.**

City

**Jacksonville**

**FL**

Zip Code

**32223**

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 **Timothy M. Mahoney** **Timothy M. Mahoney** **Director**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**5/9/00**

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, 2000 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	<b>Director/President</b>	<input type="checkbox"/> Delete
NAME	<b>Timothy M. Mahoney</b>	
STREET ADDRESS	<b>12217 Nobleman Dr.</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32223</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>Grace M. Crotty</b>	
STREET ADDRESS	<b>1725 Mt. Vernon Dr.</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	<b>JOHN J. MAHONEY III</b>	
STREET ADDRESS	<b>111 Fairway OAKS Drive</b>	
CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	<b>Bruce T. Chen</b>	
STREET ADDRESS	<b>13700 Richmond Park Dr. N #506</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32224</b>	
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		<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: **Timothy M. Mahoney** **Timothy M. Mahoney** **Director** **5/9/00** **(904) 614 2538**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90010 041 \*\*\*150.00

**00058317**

DO NOT WRITE IN THIS SPACE