

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111602

1. Entity Name

TEAM JACKSONVILLE NIKKEN INDEPENDENT DISTRIBUTOR

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90056 038 ***150.00

Principal Place of Business

Mailing Address

~~2062 WILDWOOD LN~~
~~SWITZERLAND FL 32259~~

~~2062 WILDWOOD LN~~
~~SWITZERLAND FL 32259~~

2. Principal Place of Business

530 Lake Road

3. Mailing Address

530 Lake Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Bch., FL

City & State

Ponte Vedra Beach, FL

4. FEI Number

59-3623807

Applied For

Not Applicable

Zip

32082

Country

St. Johns

Zip

32082

Country

St. Johns

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

~~MCCAHILL, MARK~~
~~2062 WILDWOOD LN~~
~~SWITZERLAND FL 32259~~

Name

Richard R. Edwards

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

530 Lake Road

City

Ponte Vedra Beach

FL

Zip Code

32082-2306

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

Richard R. Edwards - CHAIRMAN

4-27-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME D
STREET ADDRESS MCCAHILL, MARK
CITY-ST-ZIP ~~2062 WILDWOOD LN~~
~~SWITZERLAND FL 32259~~

TITLE ☐ Change ☐ Addition
NAME Chairman
STREET ADDRESS Richard R. Edwards
CITY-ST-ZIP 530 Lake Road
Ponte Vedra Beach, FL 32082

TITLE ☒ Delete
NAME D
STREET ADDRESS MCCAHILL, LAURIE
CITY-ST-ZIP ~~2062 WILDWOOD LN~~
~~SWITZERLAND FL 32259~~

TITLE ☐ Change ☐ Addition
NAME Vice-Chairman
STREET ADDRESS James L. Seabert
CITY-ST-ZIP 2913 Salem Court
Jacksonville, FL 32277

TITLE ☒ Delete
NAME D
STREET ADDRESS EDWARDS, MOLLY
CITY-ST-ZIP 530 LAKE RD.
PONTE VEDRA BEACH FL 32082

TITLE ☐ Change ☐ Addition
NAME Vice-Chairman
STREET ADDRESS Linda Frano
CITY-ST-ZIP 7245 Holiday Road S.
Jacksonville, FL 32216

TITLE ☒ Delete
NAME D
STREET ADDRESS MILLER, MARSHA
CITY-ST-ZIP 2335 HOLLY LEAF LANE
ORANGE PARK FL 32073

TITLE ☐ Change ☐ Addition
NAME Vice Chairman
STREET ADDRESS Lynn Higgs
CITY-ST-ZIP Rt. 2, Box 1370
Glen St. Mary, FL 32040

TITLE ☒ Delete
NAME D
STREET ADDRESS SEALS, KEN
CITY-ST-ZIP PO BOX 441413
JACKSONVILLE FL 32222

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

TITLE ☐ Delete
NAME D Vice-Chairman
STREET ADDRESS THOMPSON, CLEO
CITY-ST-ZIP P.O. BOX 306
GLEN ST. MARY FL 32040

TITLE ☐ Change ☐ 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:

Richard R. Edwards - CHAIRMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard R. Edwards

Date

(904) 285-4725
Daytime Phone #

CR2E034 (10/00)