

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90016 026 ***150.00

00063395 AV

DOCUMENT # P99000111602

1. Entity Name

**TEAM JACKSONVILLE NIKKEN INDEPENDENT DISTRIBUTOR
S ASSOCIATION, INC.**

Principal Place of Business

**530 LAKE ROAD
PONTE VEDRA BEACH FL 32082**

Mailing Address

**530 LAKE ROAD
PONTE VEDRA BEACH FL 32082**

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 **59-3623807**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**EDWARDS, RICHARD R
530 LAKE RD
PONTE VEDRA BEACH FL 32082-2306**

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

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, 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 **C** ☐ Delete
NAME **EDWARDS, RICHARD R**
STREET ADDRESS **530 LAKE RD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **VC** ☐ Delete
NAME **SEABERT, JAMES L**
STREET ADDRESS **2913 SALEM CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **VC** ☐ Delete
NAME **FRANO, LINDA**
STREET ADDRESS **7245 HOLIDAY RD. S.**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **VC** ☒ Delete
NAME **HIGGS, LYNN**
STREET ADDRESS **RT. 2, BOX 1370**
CITY-ST-ZIP **GLEN SAINT MARY FL 32040**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME **SUSAN SEALS**
STREET ADDRESS **4460 HODGES BLVD. #716**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

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

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:

REQUIRED 2/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)