

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 02, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90191 007 \*\*\*150.00

**DOCUMENT # V04805**

1. Entity Name

**BALL PARK FOOD SERVICES, INC.**

Principal Place of Business

% WOLFSON PARK  
 1201 E. DUVAL STREET  
 JACKSONVILLE FL 32202

Mailing Address

% WOLFSON PARK  
 1201 E. DUVAL STREET  
 JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3106915**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BRAGAN, BONITA**  
 1201 E. DUVAL ST.  
 JACKSONVILLE FL 32202

Name **MARY FRANCES BRAGAN**

Street Address (P.O. Box Number is Not Acceptable)  
**2280 SHEPARD ST #103**

City **JACKSONVILLE**

**FL**

Zip Code **32241**

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

*Mary Frances Bragan*

Signature, typewritten 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

TITLE	<b>P/B</b>	<input type="checkbox"/> Delete
NAME	<b>BRAGAN, BONITA</b>	
STREET ADDRESS	<b>% 1201 E. DUVAL ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>MARY FRANCES BRAGAN</b>	
STREET ADDRESS	<b>2280 SHEPARD ST. #103</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32202</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Mary Frances Bragan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01**

Date

**(904) 358-2846**

Daytime Phone #

CR2E034 (10/00)

Attachment Doc#  
V04805  
77153



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 29, 2001

BALL PARK FOOD SERVICES, INC.  
% WOLFSON PARK  
1201 E. DUVAL STREET  
JACKSONVILLE, FL 32202

Subject: **BALL PARK FOOD SERVICES, INC.**

Reference **V04805**  
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RR  
ANNUAL REPORTS SECTION

Sorry for the delay. I was out of town due to a death in the family. If this is not acceptable please let me or my Secretary Cathy Wiggins know. Thank you

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314