

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2003 8:00 am
Secretary of State

06-26-2003 90038 041 ****61.25

DOCUMENT # 714162

1. Entity Name
URBAN JACKSONVILLE, INC.



Principal Place of Business
**4250 LAKESIDE DR
204
JACKSONVILLE FL 32210**

Mailing Address
**4250 LAKESIDE DR
204
JACKSONVILLE FL 32210**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7024899**

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

**HOLSHOUSER, ERIC J.
2065 HERSCHEL STREET
JACKSONVILLE FL 32204**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
NAME **SEFTON, JOHN T**
STREET ADDRESS **200 LAURA STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **CEO/OFFICER** ☐ Change ☒ Addition
NAME **Bertram, Theresa M.**
STREET ADDRESS **4250 Lakeside Drive, Suite 204**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **VC** ☐ Delete
NAME **HARRISON, EDWARD H**
STREET ADDRESS **256 EAST CHURCH STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **CFO/OFFICER** ☐ Change ☒ Addition
NAME **Macedo, Jonathan R.**
STREET ADDRESS **4250 Lakeside Drive, Suite 204**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **D** ☐ Delete
NAME **JACKSON, VINCENT**
STREET ADDRESS **4902 ARROWSMITH ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

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

TITLE **D** ☐ Delete
NAME **RICHARDSON, CATHERINE**
STREET ADDRESS **4631 ALCONQUIN AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **D** ☐ Delete
NAME **GILBREATH, DENISE**
STREET ADDRESS **218 ASHLEY ST**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **D** ☐ Delete
NAME **MERCIER, LEE F**
STREET ADDRESS **200 W FORSYTH ST STE 1100**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jonathan R. Macedo** **6/19/03** **(904)807-1300**

CR2E037 (10/02)