

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

Amended

09-09-2003 90027 007 ****61.25
714162

UBR1.000

DOCUMENT # 714162

1. Entity Name

URBAN JACKSONVILLE, INC.



03 SEP 12 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4250 LAKESIDE DR
204
JACKSONVILLE FL 32210

Mailing Address

4250 LAKESIDE DR
204
JACKSONVILLE FL 32210

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

☐ CHECK HERE IF MAKING CHANGES

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
After September 10, 2003, min will be \$236.25

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CEO [NOT DIRECTOR] ☐ Change ☒ Addition
NAME BERTRAM, THERESA
STREET ADDRESS 4250 LAKESIDE DRIVE JACKSONVILLE 32210
CITY-ST-ZIP

TITLE CFO, [NOT DIRECTOR] ☐ Change ☒ Addition
NAME MACEDO, JONATHAN
STREET ADDRESS 4250 LAKESIDE DRIVE JACKSONVILLE 32210
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME KING, WILLIAM
STREET ADDRESS 4860 ORTEGA BOULEVARD JACKSONVILLE 32210
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
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

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (4/03)

2003 NO 1-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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 23-7024899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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: FEES \$61.25

After September 10, 2003, min will be \$236.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Jorgensen, Michael
7555 Beach Boulevard
Jacksonville, Florida 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Ray, Craig, B.
2708 St. John's Avenue
Jacksonville, Florida 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Berg, Rebecca
4811 Beach Boulevard Ste. 200
Jacksonville, Florida 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Diamond, Jack
1301 Riverplace Boulevard
Jacksonville, Florida 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Weatherby, Michael
4062 Cordova Avenue
Jacksonville, Florida 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Kennedy, Roland
10122 West Courtyards Place
Jacksonville, Florida 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #