2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90698 019 ****61.25

DOCUMENT # 722946

1. Entity Name

FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
501 WEST STATE STREET MARTIN CENTER. ROOM 468 JACKSONVILLE FL 32202 US	501 WEST STATE STREET MARTIN CENTER. ROOM 468 JACKSONVILLE FL 32202 US

DO NOT WRITE IN THIS SPACE

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 07-0161526 ☐ Applied For ☐ Not Applicable

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
ROBBINS, STEVEN E., ESQ. FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE 501 W. STATE STREET JACKSONVILLE FL 32202	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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED HOLBROOK, DARYLE 501 W. STATE STREET JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, ELAINE 1525 STRATFORD CT JACKSONVILLE FL 32259	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LESLIE E. SKIPPER 225 WATER ST JACKSONVILLE, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSSITER, ALAN 4905 BELFORT RD, STE 110 JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELANEY, KEVIN F 4237 SALISBURY RD #2-200 JACKSONVILLE FL 32216-6029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAWKINS, JOE K 9050 MARSH VIEW CT PONTE VEDRA BEACH FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIKE BURCH P.O. BOX 2002 FERNANDINA BEACH, FL 32035	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRETT, MARTHA 1301 RIVERPLACE BLVE, STE 700 JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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) DARYLE C. HOLBROOK 5/30/02 (904) 632-3356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #