

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90028 020 ****61.25

DOCUMENT # 727697

1. Entity Name

CULTURAL COUNCIL OF GREATER JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

300 W WATER ST
 STE 201
 JACKSONVILLE FL 32202
 US

300 W WATER ST
 STE 201
 JACKSONVILLE FL 32202-4414
 US

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7347442

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

OVERTON, CONSTANCE R
3751 OAK POINT AVE
JACKSONVILLE FL 32210

Name

NO CHANGE

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	<input type="checkbox"/> Delete
D	PAJIC, ANNE	1917 MONTGOMERY PLACE	JACKSONVILLE FL 32205	<input type="checkbox"/>
VD	PAUL, ROBERT	6001 BOWDEN DALE AVE	JACKSONVILLE FL 32216	<input type="checkbox"/>
C	OVERTON, CONSTANCE R	3751 WAK PT. WAY - CHANGE	JACKSONVILLE FL 32210	<input type="checkbox"/>
SD	BONEY, MISSY	1620 INDEPENDENT SQUARE	JACKSONVILLE FL 32202	<input type="checkbox"/>
T	HYMAN, CHUCK	4400 MARSH LANDING BLVD STE 2	PONTE VEDRA BEACH FL 32082	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		NO CHANGE		<input type="checkbox"/>	<input type="checkbox"/>
		NO CHANGE		<input type="checkbox"/>	<input type="checkbox"/>
		3751 Oak Point Way		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		NO CHANGE		<input type="checkbox"/>	<input type="checkbox"/>
		NO CHANGE		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
REQUIRED

5/10/00
 Date

904 388 5380
 Daytime Phone #

CR2E037 (9/99)