

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761640

1. Entity Name

LES CHATEAUX OF JACKSONVILLE, INC.

**FILED**  
May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90313 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7201 ARLINGTON EXPRESSWAY  
JACKSONVILLE FL 32211

7201 ARLINGTON EXPRESSWAY  
JACKSONVILLE FL 32211-5911

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2221206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLBROOK, H. LEON, III  
2301 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202-2059

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 D ☒ Delete  
NAME CLARK, JIMMY LEE JR.  
STREET ADDRESS 8762 BAYVIEW AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D ☐ Change ☒ Addition  
NAME ANITA ERSKIN  
STREET ADDRESS 7701 ARLINGTON EXPWAY # 63  
CITY-ST-ZIP JACKSONVILLE, FL. 32211

TITLE TD ☐ Delete  
NAME REESE, CHARLES  
STREET ADDRESS 1649 MALLORY ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SECRETARY ☐ Change ☒ Addition  
NAME KEVIN CLARKE  
STREET ADDRESS 851 BERT ROAD #15  
CITY-ST-ZIP JACKSONVILLE, FL. 32211

TITLE D ☒ Delete  
NAME CALIZAIRE, GREG  
STREET ADDRESS 7201 ARLINGTON EXPRESSWAY  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D ☐ Change ☒ Addition  
NAME JOANNIE WADLEY  
STREET ADDRESS 7701 ARLINGTON EXPWAY #59  
CITY-ST-ZIP JACKSONVILLE, FL. 32211

TITLE D ☐ Delete  
NAME MOORE, LINDSAY  
STREET ADDRESS P.O. BOX 36155  
CITY-ST-ZIP RALEIGH NC 27606

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

TITLE SECRETARY ☐ Delete  
NAME KEVIN CLARKE  
STREET ADDRESS 851 BERT ROAD #15  
CITY-ST-ZIP JACKSONVILLE, FL. 32211

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

TITLE D ☐ Delete  
NAME JOANNIE WADLEY  
STREET ADDRESS 7701 ARLINGTON EXPWAY # 59  
CITY-ST-ZIP JACKSONVILLE, FL. 32211

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 LINDSAY MOORE

4/24/00

904 724-3318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #