

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000003277

FILED  
Jul 08, 2002 8:00 AM  
Secretary of State

Entity Name: JACKSONVILLE NON-GROUP, INC.

**Current Principal Place of Business:**

1650 PRUDENTIAL DR., SUITE 400  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1650 PRUDENTIAL DR., SUITE 400  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 59-3485919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUMMELL, PETER S  
1650 PRUDENTIAL DR., SUITE 400  
JACKSONVILLE, FL 32207

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DOUGLAS, T.O.  
Address: 1776 AMERICAN HERITAGE LIFE DR.  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete  
Name: RUMMELL, P.S.  
Address: 1650 PRUDENTIAL DR., SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: HASKELL, P.H.  
Address: 111 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: WEAVER, J.W.  
Address: ONE ALLTEL STADIUM PLACE  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: CRISER, M.M.  
Address: 3300 NATIONSBANK CENTER  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER S. RUMMELL

D

07/08/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date