

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-22-2001 90640 037 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NO00000003571**
1. Entity Name
CORE CITY BUSINESS INCUBATORS, INC.

Principal Place of Business Mailing Address
1131 N. LAURA ST JACKSONVILLE, FL 32206 US **SAME**



49181

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 **59-3479602** 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
**BRYANT, MICHAEL L.
1131 N. LAURA ST.
JACKSONVILLE, FL 32206**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary)

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	
TITLE D. NAME STREET ADDRESS CITY-ST-ZIP	CO-CHAIR <input type="checkbox"/> Delete DANFORD, RICHARD 903 W. UNION ST JACKSONVILLE FL 32204
TITLE B. NAME STREET ADDRESS CITY-ST-ZIP	CO-CHAIR <input type="checkbox"/> Delete GASTON, ED P.O. BOX 2080 JACKSONVILLE FL 32231
TITLE D. NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Delete BRYANT, MICHAEL L. 1131 N. LAURA ST JACKSONVILLE FL 32206
TITLE D. NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Delete KERR, DIANE 2893 EDISON AVE. JACKSONVILLE FL 32254
TITLE D. NAME STREET ADDRESS CITY-ST-ZIP	BOARD <input type="checkbox"/> Delete BALDWIN, Bob 3 INDEPENDENT DR. JACKSONVILLE FL 32202
TITLE D. NAME STREET ADDRESS CITY-ST-ZIP	BOARD <input type="checkbox"/> Delete SALTER, LOWELL 12000 ALUMNI DRIVE JACKSONVILLE FL 32224

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D. NAME STREET ADDRESS CITY-ST-ZIP	BOARD <input type="checkbox"/> Change <input type="checkbox"/> Addition FRANKLIN, FELICE 220 W. BAY ST, 4TH FL. JACKSONVILLE FL 32202
TITLE D. NAME STREET ADDRESS CITY-ST-ZIP	BOARD <input type="checkbox"/> Change <input type="checkbox"/> Addition NELSON, TONY 218 W. ADAMS ST. JACKSONVILLE FL 32202
TITLE D. NAME STREET ADDRESS CITY-ST-ZIP	BOARD <input type="checkbox"/> Change <input type="checkbox"/> Addition JOHNSON, RON 7825 BAYMEADOWS WAY, 100-B JACKSONVILLE FL 32256-7504
TITLE D. NAME STREET ADDRESS CITY-ST-ZIP	BOARD <input type="checkbox"/> Change <input type="checkbox"/> Addition ROBERTS, ROPELL 1159 WEST 9TH STREET JACKSONVILLE FL 32210
TITLE D. NAME STREET ADDRESS CITY-ST-ZIP	BOARD <input type="checkbox"/> Change <input type="checkbox"/> Addition PHILLIPS, ROSLYN 220 W. BAY ST, 14TH FL JACKSONVILLE FL 32202
TITLE D. NAME STREET ADDRESS CITY-ST-ZIP	BOARD <input type="checkbox"/> Change <input type="checkbox"/> Addition EMMANUEL O. OKAFOR 1658 KINGS ROAD JACKSONVILLE FL 32209

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: Michael Bryant **MICHAEL BRYANT 4-27-01** **904-355-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/00)