

05-05-2003 91903 026 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N00000003577**

1. Entity Name  
**CORE CITY BUSINESS INCUBATORS, INC.**  
*603104700165*  
**dba BEAVER STREET ENTERPRISE CENTER**

Principal Place of Business  
 1131 LAURA STREET  
 JACKSONVILLE, FL 32206

Mailing Address  
 1131 LAURA STREET  
 JACKSONVILLE, FL 32206



V



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1225 W. BEAVER ST.**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**JACKSONVILLE FL**

City & State

Zip  
**32209**

Country

4. FEI Number: **59-3679602**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BRYANT, MICHAEL L**  
 1131 LAURA STREET  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COC DANFORD, RICHARD 903 W UNION ST JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COC GASTON, ED 2513 CHESTNUT SPRINGS LANE JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KERR, DIANE 2893 EDISON AVENUE JACKSONVILLE, FL 32234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRYANT, MICHAEL 1131 LAURA ST JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRYANT, MICHAEL L 1131 LAURA STREET JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASTON, ED P.O. BOX 2080 JACKSONVILLE, FL 32231 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <i>Please see attached for additional Board members.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 all other like empowered.

SIGNATURE: *Michael L Bryant* **MICHAEL L. BRYANT** **4-25-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

904-355-0000

CR2E037 (10/02)

ATTACHMENT

80112425  
N00000003577

**Core City Business Incubator dba Beaver Street Enterprise Center  
Board of Directors**

Ms. Nancy Alvarez-Hernandez  
7825 Baymeadows Way, 100-B  
Jacksonville, FL 32256-7504  
Director

Mr. Bob Baldwin  
5000-3 Norwood Avenue  
Jacksonville, FL 32208  
Director

Mr. Michael Bryant  
1131 N. Laura Street  
Jacksonville, FL 32206  
Director/Treasurer

Dr. Richard Danford  
903 W. Union Street  
Jacksonville, FL 32204  
Director/CoChairman

Ms. Janice Donaldson  
12000 Alumni Drive  
Jacksonville, FL 32224  
Director

Mr. Ed Gaston  
1 West Adams Street, Suite 300  
Jacksonville, FL 32202  
Director/CoChairman

Mr. Henry Johnson  
2933 N. Myrtle Avenue  
Jacksonville, FL 32208  
Director

Ms. Diane Kerr  
2893 Edison Avenue  
Jacksonville, FL 32254  
Director/Secretary

Dr. Emmanuel O. Okafor  
1658 Kings Road  
Jacksonville, FL 32209  
Director

Ms. Roslyn Phillips  
220 East Bay Street, 14th Floor  
Jacksonville, FL 32202  
Director

Mr. Luther Quarles, III  
601 West State Street  
Jacksonville, FL 32202  
Director

Mr. Rodell Roberts  
1159 West 9th Street  
Jacksonville, FL 32210  
Director

Ms. Deborah Thompson  
1817-A North Myrtle Avenue  
Jacksonville, FL 32209  
Director