

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003847

1. Entity Name

**EMERGENCY SERVICES & HOMELESS COALITION OF JACKSONVILLE, INC.**

Principal Place of Business

900 UNIVERSITY BLVD. S. STE 405  
JACKSONVILLE FL 32211

Mailing Address

900 UNIVERSITY BLVD. S. STE 405  
JACKSONVILLE FL 32211

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

59-3676999

Applied For

Not Applicable

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

**GREEN, VIRGIL**  
900 UNIVERSITY BLVD. S. STE 405  
JACKSONVILLE FL 32211

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CPD**  
**SCHEU, WILLIAM** ☐ Delete  
900 UNIVERSITY BLVD. STE 405  
JACKSONVILLE FL 32211

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**YOUNG, IRIS** ☐ Delete  
900 UNIVERSITY BLVD. STE 405  
JACKSONVILLE FL 32211

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**PAULY, JOHN** ☐ Delete  
900 UNIVERSITY BLVD. STE 405  
JACKSONVILLE FL 32211

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT**  
**GREEN, VIRGIL** ☐ Delete  
900 UNIVERSITY BLVD. STE 405  
JACKSONVILLE FL 32211

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**LANIER, LINDA** ☐ Delete  
900 UNIVERSITY BLVD. STE 405  
JACKSONVILLE FL 32211

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**EVANS, WILL** ☐ Delete  
900 UNIVERSITY BLVD. STE 405  
JACKSONVILLE FL 32211

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

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 life empowered.

SIGNATURE:

*Virgil Green*  
**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 14, 2002 904-744-4908

Date

Daytime Phone #

CR2037 (9/01)

02-13-2002 90192 017 \*\*\*\*61.12

N00000003847

FILED

CLERK OF THE  
DIVISION OF CORPORATION

02 FEB 21 PM 4:11



DO NOT WRITE IN THIS SPACE