

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17217

1. Entity Name

JACKSONVILLE REEF RESEARCH TEAM, INC.

Principal Place of Business

8558 ROYAL LAKES DR
P.O. BOX 8776
JACKSONVILLE FL 32203-9270
US

Mailing Address

P.O. BOX 8776
JACKSONVILLE FL 32239-0776
US

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

59-2889442

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

NELSEN, JAMES D
8558 ROYAL LAKES DRIVE
JACKSONVILLE FL 32256

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 VPD
NAME WATERS, ALEZ
STREET ADDRESS 11828 TANYA TERRACE EAST
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS Presidenet & Director
CITY-ST-ZIP Spelling correction: ALEX

☒ Change ☐ Addition

TITLE PD
NAME CRIBB, JIM
STREET ADDRESS 2788 PACES FERRY RD
CITY-ST-ZIP ORANGE PARK FL

☒ Delete

TITLE
NAME
STREET ADDRESS Delete
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DT
NAME NELSEN, JAMES D
STREET ADDRESS 8558 ROYAL LAKES DRIVE
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS Same
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME LYONS, MARY
STREET ADDRESS 1310 ARLINWOOD AVE
CITY-ST-ZIP JACKSONVILLE FL 32211

☐ Delete

TITLE
NAME
STREET ADDRESS Vice President & Director
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS Secretary & Director
CITY-ST-ZIP Billy Taylor
11418 Avery Drive
Jacksonville, FL 32218

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Nelsen, Treasurer (904) 448-0305

February 22, 2000

Date

Daytime Phone #

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90093 029 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)