

2001 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 32203-2270
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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

NELSEN, JAMES D
8558 ROYAL LAKES DRIVE
JACKSONVILLE FL 32256

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	PD	<input type="checkbox"/> Delete
NAME	ALEX, WATERS	
STREET ADDRESS	11828 TANYA TERRACE EAST	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> Delete
NAME	NELSEN, JAMES D	
STREET ADDRESS	8558 ROYAL LAKES DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LYONS, MARY	
STREET ADDRESS	1310 ARLINWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, JOANN Vice Pres. & Director	
STREET ADDRESS	4470 NARANJA DRIVE S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32217-4012	

TITLE	SO	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, BILLY	
STREET ADDRESS	11418 AVERY DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEBLANC, ED Secretary & Director	
STREET ADDRESS	1519 10th STREET N.	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 fee empowered.

SIGNATURE:



March 23, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)