

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004737

1. Entity Name

FCCJ FOUNDATION REAL ESTATE HOLDING, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90068 024 ****61.25

Principal Place of Business 501 WEST STATE STREET JACKSONVILLE FL 32202	Mailing Address 501 WEST STATE STREET JACKSONVILLE FL 32202-4086
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3343207	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRITTON, J. KIRBY
1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE FL 32207

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 reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	RUPPEL, ART
STREET ADDRESS	501 WEST STATE STREET
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	D <input type="checkbox"/> Delete
NAME	ZELL, DONALD
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 2500
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	D <input type="checkbox"/> Delete
NAME	CHRITTON, J. KIRBY
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1500
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	D <input type="checkbox"/> Delete
NAME	SMITH, V. HAWLEY JR
STREET ADDRESS	ONE SAN JOSE PLACE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNES, KIMBERLY K.
STREET ADDRESS	501 WEST STATE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: *Kimberly Barnes* **Interim Executive Director** 4/24/00 (904) 632-3357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)