2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000005933

Entity Name: THE JACKSONVILLE ZOOLOGICAL FOUNDATION, INC.

FILED Apr 17, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8605 ZOO PARKWAY JACKSONVILLE, FL 32218 LIS **Current Mailing Address: New Mailing Address:** 8605 ZOO PARKWAY JACKSONVILLE, FL 32218 US FEI Number: 59-3386352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAGE, DOUGLAS C DVM JOHNSON, JANET C 8605 ZOO PARKWAY 8605 ZOO PARKWAY JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218 US US 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: JANET C JOHNSON 04/17/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HERRITT, ANJIE MERRITT, ANJIE Name: Name: 50 N LAUARA ST # 3000 Address: 50 N LAUARA ST # 3000 Address: City-St-Zip: JACKSONVILLE, FL 32232 City-St-Zip: JACKSONVILLE, FL 32232 Title: () Delete Title: (X) Change () Addition CANNON, CARL N Name: CANNON, CARL N Name: Address: ONE RIVERSIDE AVE Address: P. O. BOX 1949 City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32231 Title: VCO () Delete Title: () Change () Addition HAYT, JOHN T Name: Name: 1169 QUEENS HARBOUR BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: DD () Delete Title: VCM (X) Change () Addition Name: PAGE, C D DVM Name: BACALIS, STEVEN 417 SOUTH EDGEWOOD AVENUE Address: 8605 ZOO PARKWAY Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32254 Title: () Delete Title: VCD (X) Change () Addition SCHMIDT, THOMAS P COKER, HOWARD Name: Name: 500 WATER STREET 136 EAST BAY STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32201 Title: () Delete Title: (X) Change () Addition PHILLIPS, PAMELA C PHILLIPS, PAMELA K Name: Name: Address: 50 N LAURA STREET, SUITE 2800 Address: 50 N LAURA STREET, SUITE 2800 JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL N CANNON C 04/17/2002