

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000005933

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

Entity Name: THE JACKSONVILLE ZOOLOGICAL FOUNDATION, INC.

**Current Principal Place of Business:**

8605 ZOO PARKWAY  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

**Current Mailing Address:**

8605 ZOO PARKWAY  
JACKSONVILLE, FL 32218 US

**New Mailing Address:**

FEI Number: 59-3386352      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAGE, DOUGLAS C DVM  
8605 ZOO PARKWAY  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

JOHNSON, JANET C  
8605 ZOO PARKWAY  
JACKSONVILLE, FL 32218 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:**

Title: T ( ) Delete  
Name: HERRITT, ANJIE  
Address: 50 N LAUARA ST # 3000  
City-St-Zip: JACKSONVILLE, FL 32232

Title: CE ( ) Delete  
Name: CANNON, CARL N  
Address: ONE RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VCO ( ) Delete  
Name: HAYT, JOHN T  
Address: 1169 QUEENS HARBOUR BLVD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DD ( ) Delete  
Name: PAGE, C D DVM  
Address: 8605 ZOO PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32218

Title: C ( ) Delete  
Name: SCHMIDT, THOMAS P  
Address: 500 WATER STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD ( ) Delete  
Name: PHILLIPS, PAMELA K  
Address: 50 N LAURA STREET, SUITE 2800  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: MERRITT, ANJIE  
Address: 50 N LAUARA ST # 3000  
City-St-Zip: JACKSONVILLE, FL 32232

Title: C (X) Change ( ) Addition  
Name: CANNON, CARL N  
Address: P. O. BOX 1949  
City-St-Zip: JACKSONVILLE, FL 32231

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VCM (X) Change ( ) Addition  
Name: BACALIS, STEVEN  
Address: 417 SOUTH EDGEWOOD AVENUE  
City-St-Zip: JACKSONVILLE, FL 32254

Title: VCD (X) Change ( ) Addition  
Name: COKER, HOWARD  
Address: 136 EAST BAY STREET  
City-St-Zip: JACKSONVILLE, FL 32201

Title: SD (X) Change ( ) Addition  
Name: PHILLIPS, PAMELA K  
Address: 50 N LAURA STREET, SUITE 2800  
City-St-Zip: JACKSONVILLE, FL 32202

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

Electronic Signature of Signing Officer or Director

Date