2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
01-15-2002 90017 044 ****61.25

DOCUMENT # N97000002401

1. Entity Name

JACKSONVILLE MARKETING AND ADVERTISING CLUB, INC

Principal Place of Business	Mailing Address
2000-1 HENDRICKS AVENUE. #10 JACKSONVILLE FL 32207	2000-1 HENDRICKS AVENUE. #10 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

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 59-3430077 ☐ 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
LINDSEY, ANGELA B JACKSONVILLE ZOO 8605 ZOO PARKWAY JACKSONVILLE FL 32218	Name SUSAN E STALLINGS Street Address (P.O. Box Number is Not Acceptable) SCOTT-MCRAE ADVERTISING 701 FISK ST. #200 City JAX FL Zip Code 32204

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: Susan Stallings
- 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARKO, ADAM MARKO GROUP 4800 BEACH BLVD SUITE TWO JAX FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP Programming TRACI SIGREN DESIGN FACTORY, 1054 Kings Ave JAX FL 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUCAS, MARLA SCOTT-MCRAE 701 FISK STREET SUITE 200 JAX FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President Mara LUCAS 701 FISK ST #200 JAX FL 32204	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EMERICK, AL ANOTHER COOL IDEA 4244 UNIVERSITY BLVD. JAX FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP MEMBERSHIP Jessica Cronemeyer BCBS, 4800 Deerwood Campus Pkwy JAX FL 32246	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KARAS, SANDY ST. JOHN & PARTNERS 5220 BELFORT JAX FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SECRETARY CELIA WEEKS ST. JOHN & PARTNERS, 5220 BELFORT RD JAX FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDSEY, ANGIE JAX ZOO 8605 ZOO PARKWAY JAX FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREASURER SUSAN STALLINGS SCOTT-MCRAE ADVERTISING, 701 FISK ST #200 JAX FL 32246	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Susan Stallings 1/8/02 904 880 4295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #