

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 714162**

1. Entity Name

URBAN JACKSONVILLE, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90052 031 ****61.25

Principal Place of Business

Mailing Address

**256 EAST CHURCH ST.
JACKSONVILLE FL 32202****256 EAST CHURCH ST.
JACKSONVILLE FLA 32202-3132**

2. Principal Place of Business

4250 Lakeside Drive

3. Mailing Address

4250 Lakeside Drive

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204**204**

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

23-7024899

Applied For

Not Applicable

Zip

Country

32210**USA**

Zip

Country

32210**USA**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

**HOLSHOUSER, ERIC J.
2065 HERSCHEL STREET
JACKSONVILLE FL 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

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 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|-----------------------|------------------------|-----------------------|-------|-----------------------|-------------------------------------|------------------------|
| CD | SEFTON, JOHN T | 200 LAURA STREET | JACKSONVILLE FL 32202 | | | | |
| VD | WELTSEK, GUSTAVE J JR | 256 EAST CHURCH STREET | JACKSONVILLE FL 32202 | SD | DAME, JILL L. | 2905 GRAND AVENUE | JACKSONVILLE, FL 32210 |
| D | JACKSON, VINCENT | 4902 ARROWSMITH ROAD | JACKSONVILLE FL 32208 | D | RICHARDSON, CATHERINE | 4631 ALGONQUIN AVENUE | JACKSONVILLE, FL 32210 |
| | | | | D | GILBREATH, DENISE | 218 ASHLEY STREET | JACKSONVILLE, FL 32202 |
| | | | | D | MERCIER, LEE F. | 200 WEST FORSYTH STREET, SUITE 1100 | JACKSONVILLE, FL 32202 |
| | | | | D | RAY, B. CRAIG | 2708 ST. JOHN'S AVENUE | JACKSONVILLE, FL 32205 |

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:

SIGNATURE REQUIRED of the Board

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

Date

(904) 359-2000

Daytime Phone #