

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90158 038 ****61.25

DOCUMENT # 714162

1. Entity Name
URBAN JACKSONVILLE, INC.

Principal Place of Business 4250 LAKESIDE DR 204 JACKSONVILLE FL 32210	Mailing Address 4250 LAKESIDE DR 204 JACKSONVILLE FL 32210
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 23-7024899		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
HOLSHOUSER, ERIC J. 2065 HERSCHEL STREET JACKSONVILLE FL 32204				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME CD SEFTON, JOHN T STREET ADDRESS 200 LAURA STREET CITY-ST-ZIP JACKSONVILLE FL 32202	<input type="checkbox"/> Delete	TITLE NAME Vice Chairman Edward H. Harrison STREET ADDRESS 256 East Church Street CITY-ST-ZIP Jacksonville, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME SD DAME, JILL L STREET ADDRESS 2905 GRAND AVE CITY-ST-ZIP JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Delete	TITLE NAME Director B. Craig Ray STREET ADDRESS 2708 St. John's Avenue CITY-ST-ZIP Jacksonville, FL 32205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D JACKSON, VINCENT STREET ADDRESS 4902 ARROWSMITH ROAD CITY-ST-ZIP JACKSONVILLE FL 32208	<input type="checkbox"/> Delete	TITLE NAME Rebecca Berg STREET ADDRESS 4811 Beach Boulevard Suite 200 CITY-ST-ZIP Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D RICHARDSON, CATHERINE STREET ADDRESS 4631 ALCONQUIN AVE CITY-ST-ZIP JACKSONVILLE FL 32210	<input type="checkbox"/> Delete	TITLE NAME Director Jack Diamond STREET ADDRESS 1301 Riverplace Boulevard Suite 500 CITY-ST-ZIP Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D GILBREATH, DENISE STREET ADDRESS 218 ASHLEY ST CITY-ST-ZIP JACKSONVILLE FL 32210	<input type="checkbox"/> Delete	TITLE NAME Director Mike Jorgensen STREET ADDRESS 7555 Beach Boulevard Jacksonville, Fl 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D MERCIER, LEE F STREET ADDRESS 200 W FORSYTH ST STE 1100 CITY-ST-ZIP JACKSONVILLE FL 32202	<input type="checkbox"/> Delete	TITLE NAME Director Michael Weatherby STREET ADDRESS 4062 Cordova Avenue CITY-ST-ZIP Jacksonville, Florida 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 *1/30/01* *904-807-1300*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)