

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-08-2001 90164 029 *****61.25

0011756

DOCUMENT # 704444

1. Entity Name

THE CATHEDRAL FOUNDATION OF JACKSONVILLE, INC.

Principal Place of Business

**4250 LAKESIDE DR
 204
 JACKSONVILLE FL 32210**

Mailing Address

**4250 LAKESIDE DR
 204
 JACKSONVILLE FL 32210**

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6161532

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HOLSHOUSER, ERIC J.
 2065 HERSCHEL STREET
 JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

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

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

TITLE **CD** ☐ Delete
 NAME **SEFTON, JOHN T.**
 STREET ADDRESS **200 LAURA ST.**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ Delete
 NAME **JACKSON, VINCENT V**
 STREET ADDRESS **4902 ARROWSMITH ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☐ Delete
 NAME **GILBREATH, DENISE**
 STREET ADDRESS **218 ASHLEY ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ Delete
 NAME **RICHARDSON, CATHERINE**
 STREET ADDRESS **4631 ALGONQUIN AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ Delete
 NAME **CRAIG, RAY B**
 STREET ADDRESS **2708 ST JOHNS AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **Vice Chairman** ☐ Delete
 NAME **Edward H. Harrison** Addition
 STREET ADDRESS **256 East Church Street**
 CITY-ST-ZIP **Jacksonville, Florida 32202**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
 NAME **Lee Mercier**
 STREET ADDRESS **200 West Forsyth St Suite 1100**
 CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Rebecca Berg**
 STREET ADDRESS **4811 Beach Boulevard Suite 200**
 CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Jack Diamond**
 STREET ADDRESS **1301 Riverplace Boulevard Suite 500**
 CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Mike Jorgensen**
 STREET ADDRESS **7555 Beach Boulevard**
 CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Michael Weatherby**
 STREET ADDRESS **4062 Cordova Avenue**
 CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **Director** ☐ Change ☐ Addition
 NAME **Michael Weatherby**
 STREET ADDRESS **4062 Cordova Avenue**
 CITY-ST-ZIP **Jacksonville, FL 32207**

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 reports 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/01

904-807-1300

CR2E037 (10/00)