

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90267 033 ****70.00

40002968



DOCUMENT # 714162 1. Entity Name URBAN JACKSONVILLE, INC.					
Principal Place of Business 4250 LAKESIDE DR 300 JACKSONVILLE, FL 32210			Mailing Address 4250 LAKESIDE DR 300 JACKSONVILLE, FL 32210		
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 23-7024899	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLSHOUSER, ERIC J. 800 WEST MONROE ST JACKSONVILLE, FL 32202			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SEFTON, JOHN T ONE INDEPENDENT DR STE 1300 JACKSONVILLE, FL 32202 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Anderson, John Q. 2309 San Jose Circle North Jacksonville, Florida 32217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HARRISON, EDWARD H 256 EAST CHURCH STREET JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORGENSEN, MIKE E 7555 BEACH BLVD JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Jorgensen, Mike E. 7555 Beach Boulevard Jacksonville, Florida 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, CATHERINE 4631 ALCONQUIN AVE JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBREATH, DENISE 218 ASHLEY ST JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCIER, LEE F 200 W FORSYTH ST STE 1100 JACKSONVILLE, FL 32202 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <small>Daytime Phone #</small>					

ATTACHMENT

40002968

Attachment: Document # 714162

URBAN JACKSONVILLE, INC.
FEI# 23-7024899

Additional Officers / Directors:

D
Bowers, Steven P.
501 West State Street
Jacksonville, Florida 32202

ED/CFO
Bertram, Theresa M.
4250 Lakeside Drive Suite 200
Jacksonville, Florida 32210

D
King, William D.
4860 Ortega Blvd.
Jacksonville, Florida 32210

D
Owen, Ronald M.
3737 Seminary Road
Alexandria, Virginia 22304

D
Weatherby, Michael
4062 Cordova Ave.
Jacksonville, Florida 32207

D
Berg, Rebecca
Berg, O'Connor & Bowers
Jacksonville, Florida 32207

D
Hill, Jayne B.
6439 Wood Valley Road
Jacksonville, Florida 32217

EVP/CFO/T
Macedo, Jonathan R.
4250 Lakeside Drive Suite 200
Jacksonville, Florida 32210

D
Parker, Ava
101 East Union St. Suite 200
Jacksonville, Florida 32202

A handwritten signature in black ink, appearing to be 'JK' or similar, with a long horizontal stroke extending to the right.