

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90067 002 ****61.25

DOCUMENT # 722946

1. Entity Name

FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE FOUNDATION, INC.



Principal Place of Business

**501 WEST STATE STREET
MARTIN CENTER, ROOM 468
JACKSONVILLE FL 32202
US**

Mailing Address

**501 WEST STATE STREET
MARTIN CENTER, ROOM 468
JACKSONVILLE FL 32202
US**

90004099



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **07-0161526**

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

7. Name and Address of New Registered Agent

**ROBBINS, STEVEN E., ESQ.
FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE
501 W. STATE STREET
JACKSONVILLE FL 32202**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **ED HOLBROOK, DARYLE** ☐ Delete
STREET ADDRESS **501 W. STATE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE
NAME **D SMITH, EMILY** ☐ Change ☒ Addition
STREET ADDRESS **2767 FOREST CIRCLE**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE
NAME **D SKIPPER, LESLIE E** ☐ Delete
STREET ADDRESS **225 WATER ST**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **D ROSSITER, ALAN** ☒ Delete
STREET ADDRESS **4905 BELFORT RD, STE 110**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **D DELANEY, KEVIN F** ☐ Delete
STREET ADDRESS **4237 SALISBURY RD #2-200**
CITY-ST-ZIP **JACKSONVILLE FL 32216-6029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **D BURCH, MIKE** ☐ Delete
STREET ADDRESS **PO BOX 2002**
CITY-ST-ZIP **FERNANDINA BEACH FL 32035**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **D BARRETT, MARTHA** ☐ Delete
STREET ADDRESS **1301 RIVERPLACE BLVE, STE 700**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: DARYLE C. HOLBROOK

1/6/03 (904) 632-3357

CR2E037 (10/02)