

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

FILED
Jun 26, 2003 8:00 am
Secretary of State

06-26-2003 90038 041 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **23-7024899**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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

TITLE	CD	<input type="checkbox"/> Delete
NAME	SEFTON, JOHN T	
STREET ADDRESS	200 LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VC	<input type="checkbox"/> Delete
NAME	HARRISON, EDWARD H	
STREET ADDRESS	256 EAST CHURCH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, VINCENT	
STREET ADDRESS	4902 ARROWSMITH ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, CATHERINE	
STREET ADDRESS	4631 ALCONQUIN AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBREATH, DENISE	
STREET ADDRESS	218 ASHLEY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERCIER, LEE F	
STREET ADDRESS	200 W FORSYTH ST STE 1100	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CEO/OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bertram, Theresa M.	
STREET ADDRESS	4250 Lakeside Drive, Suite 204	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	CFO/OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Macedo, Jonathan R.	
STREET ADDRESS	4250 Lakeside Drive, Suite 204	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jonathan R. Macedo **CEO** 6/19/03 (904) 807-1300

CR2E037 (10/02)