

Amended

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

09-09-2003 90027 007 ****61.25
FILED 714162

UBR1.000

DOCUMENT # 714162

1. Entity Name
URBAN JACKSONVILLE, INC.



03 SEP 12 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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 _____
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
After September 10, 2003, min will be \$236.25

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 [NOT DIRECTOR]	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERTRAM, THERESA	
STREET ADDRESS	4250 LAKESIDE DRIVE JACKSONVILLE 32210	
CITY-ST-ZIP		
TITLE	CFO, [NOT DIRECTOR]	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACEDO, JONATHAN	
STREET ADDRESS	4250 LAKESIDE DRIVE JACKSONVILLE 32210	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, WILLIAM	
STREET ADDRESS	4860 ORTEGA BOULEVARD JACKSONVILLE 32210	
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		

CR2E037 (4/03)

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

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Suite, Apt. #, etc.

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City & State

City & State

Zip

Country

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COPY 80146044

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Name

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SIGNATURE _____

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DATE

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\$5.00 May Be Added to Fees

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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D
NAME	Jorgensen, Michael
STREET ADDRESS	7555 Beach Boulevard
CITY-ST-ZIP	Jacksonville, Florida 32216
TITLE	D
NAME	Ray, Craig, B.
STREET ADDRESS	2708 St. John's Avenue
CITY-ST-ZIP	Jacksonville, Florida 32205
TITLE	D
NAME	Berg, Rebecca
STREET ADDRESS	4811 Beach Boulevard Ste. 200
CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	D
NAME	Diamond, Jack
STREET ADDRESS	1301 Riverplace Boulevard
CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	D
NAME	Weatherby, Michael
STREET ADDRESS	4062 Cordova Avenue
CITY-ST-ZIP	Jacksonville, Florida 32207

TITLE	D
NAME	Kennedy, Roland
STREET ADDRESS	10122 West Courtyards Place
CITY-ST-ZIP	Jacksonville, Florida 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Change Addition

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SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #