

*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7024899**

Applied For  
Not Applicable

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

HOLSHOUSER, ERIC J.  
2065 HERSCHEL STREET  
JACKSONVILLE FL 32204

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

TITLE **VC**  Delete  
NAME **HARRISON, EDWARD H**  
STREET ADDRESS **256 EAST CHURCH STREET**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

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

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

TITLE **D**  Delete  
NAME **GILBREATH, DENISE**  
STREET ADDRESS **218 ASHLEY ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D**  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]**  Change  Addition  
NAME **BERTRAM, THERESA**  
STREET ADDRESS **4250 LAKESIDE DRIVE JACKSONVILLE 32210**

TITLE **CFO, [NOT DIRECTOR]**  Change  Addition  
NAME **MACEDO, JONATHAN**  
STREET ADDRESS **4250 LAKESIDE DRIVE JACKSONVILLE 32210**

TITLE **D**  Change  Addition  
NAME **KING, WILLIAM**  
STREET ADDRESS **4860 ORTEGA BOULEVARD JACKSONVILLE 32210**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)

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UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 714162**

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Mailing Address  
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JACKSONVILLE FL 32210**

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3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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Applied For

Not Applicable

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**\$8.75** Additional Fee Required

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**COPY 80146044**

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7. Name and Address of New Registered Agent

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Name

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**\$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	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 #