

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714162

**Entity Name:** URBAN JACKSONVILLE, INC.

**Current Principal Place of Business:**

4250 LAKESIDE DR  
SUITE 300  
JACKSONVILLE, FL 32210

**FILED**  
**Feb 26, 2016**  
**Secretary of State**  
**CC6329497248**

**Current Mailing Address:**

4250 LAKESIDE DR  
SUITE 300  
JACKSONVILLE, FL 32210 US

**FEI Number:** 23-7024899

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name BERG, REBECCA  
Address 4250 LAKESIDE DR  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32210

Title VC  
Name MOOREHEAD, KATHERINE  
Address 4250 LAKESIDE DR  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32210

Title SECRETARY  
Name JORGENSEN, MICHAEL E  
Address 4250 LAKESIDE DR  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name RUTLAND, ALFRED W  
Address 4250 LAKESIDE DR  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name WILBURN, SHARON  
Address 4250 LAKESIDE DR  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32210

Title CEO  
Name BARTON, TERESA K  
Address 4250 LAKESIDE DR  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name MACKENZIE, DOMINIC C  
Address 4250 LAKESIDE DR  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name WEATHERBY, MICHAEL R  
Address 4250 LAKESIDE DR  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32210

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEE E. WILSON

**CFO**

**02/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CORSE, JOHN D  
Address 4250 LAKESIDE DR  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name NEJAD, ALLAHYAR  
Address 4250 LAKESIDE DR  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name GILBERTO, PASQUALE  
Address 4250 LAKESIDE DR  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32210

Title CFO  
Name WILSON, LEE E  
Address 4250 LAKESIDE DR  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32210