

2014 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**Current Mailing Address:**4250 LAKESIDE DR
SUITE 300
JACKSONVILLE, FL 32210 US**FEI Number:** 23-7024899**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLSHOUSER, ERIC J
50 NORTH LAURA STREET, SUITE 2800
JACKSONVILLE, FL 32202 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 HILL, JAYNE B
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

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: TERESA K. BARTON**CHIEF EXECUTIVE
OFFICER****02/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name ERICKSON, JUDITH M
Address 4250 LAKESIDE DR
SUITE 300
City-State-Zip: JACKSONVILLE FL 32210