

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

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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