## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005103

Entity Name: DOWNTOWN VISION, INC.

**Current Principal Place of Business:** 

214 N. HOGAN ST., #120 JACKSONVILLE, FL 32202

**Current Mailing Address:** 

214 N. HOGAN ST., #120 JACKSONVILLE, FL 32202

FEI Number: 59-3473060 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GORDON, JACOB A 214 N. HOGAN ST., #120 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: JACOB A. GORDON 01/22/2021

Electronic Signature of Registered Agent

Date

FILED Jan 22, 2021

Secretary of State

4057404101CC

Officer/Director Detail:

Title CEO Title **TREASURER** Name GORDON, JACOB A Name BARAKAT, OLIVER Address 214 N. HOGAN ST., #120 Address 225 WATER STREET JACKSONVILLE FL 32202 City-State-Zip: City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR Title DIRECTOR

Name CROSBY, STEPHEN A Name DURAND-STUEBBEN, TERESA
Address 6737 SOUTHPOINT DRIVE S. Address 10407 CENTURION PKWY N

SUITE 100

City-State-Zip: JACKSONVILLE FL 32216 City-State-Zip: JACKSONVILLE FL 32256

Title VC Title DIRECTOR

NameJENKS, TRACINameMCCORMACK, VINCEAddress121 W FORSYTH STREETAddress5 W FORSYTH STREET

SUITE 900

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR Title CHAIRMAN

Name REAM, JOHN Name SAISSELIN, NUMA

Address 131 EAST BAY STREET Address 128 EAST FORSYTH STREET

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

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**SUITE 120** 

SUITE 100

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: JACOB A. GORDON CEO 01/22/2021

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name WALLACE, AUNDRA

3 INDEPENDENT DRIVE Address

SUITE 310

JACKSONVILLE FL 32202 City-State-Zip:

Title DIRECTOR

Name FORD, NATHANIEL P SR. Address

121 W FORSYTH STREET

SUITE 200

City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR Name HANAK, JAN X

Address ONE INDEPENDENT DRIVE

SUITE 114

City-State-Zip: JACKSONVILLE FL 32202

Title **SECRETARY** 

Name STEWART, KERRI

Address 21 W CHURCH STREET, T16

City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR

Name CARREIRO, CARYN

841 PRUDENTIAL DR. Address

SUITE 200

City-State-Zip: JACKSONVILLE FL 32207

Title **DIRECTOR** 

Name GRAINGER, PAUL

Address 102 A. PHILIP RANDOLPH BLVD

City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR Name IOSUE, ALLAN

111 RIVERSIDE AVENUE Address

City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR SIFAKIS, ALEX Name

Address 7563 PHILLIPS HWY #109

City-State-Zip: JACKSONVILLE FL 32256

**DIRECTOR** Title

Name TRIMMER, CYNTHIA

ONE INDEPENDENT DRIVE Address

**SUITE 1200** 

City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR

TRAVIS, ALEXANDER Name

Address 1301 RIVERPLACE BLVD

**SUITE 1500** 

JACKSONVILLE FL 32207 City-State-Zip:

Title DIRECTOR Name TUTEN, DON

Address 501 E. BAY STREET

City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR Name BOYER, LORI

Address 117 W DUVAL STREET

**SUITE 310** 

JACKSONVILLE FL 32202 City-State-Zip:

Title **DIRECTOR** 

Name ASHOURIAN, ZACK J

Address 7880 GATE PARKWAY

SUITE 300

City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR

MCINTYRE, RYAN Name Address 4949 BLANDING BLVD City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR

Name DAVIDSON, PAUL

Address 501 RIVERSIDE AVENUE City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR

Name HIONIDES, ELIAS

2440 MAYPORT ROAD Address

SUITE 3

City-State-Zip: ATLANTIC BEACH FL 32233

Title **DIRECTOR** 

MORGAN, JOYCE Name

Address 117 W. DUVAL STREET

SUITE 425

City-State-Zip: JACKSONVILLE FL 32202

Title **DIRECTOR** 

Name PRESCOTT, WILLIAM Address 4471 BEACH BLVD SUITE 302

City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR Name HOSKINS, COTY

Address 125 W ASHLEY STREET City-State-Zip: JACKSONVILLE FL 32202