## 2002 UNIFORM BUSINESS REPORT (UBR)

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

## May 08, 2002 8:00 ams Secretary of State 526216 DOCUMENT # 1. Entity Name UNION 700, INC. 05-08-2002 90048 022 \*\*\*150.00 Principal Place of Business Mailing Address 700 EAST UNION STREET 700 EAST UNION STREET JACKSONVILLE FL 32206 JACKSONVILLE FL 32206 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-1723874 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOODING, DAVID M. Street Address (P.O. Box Number is Not Acceptable) 225 WATER STREET, SUITE 900 JACKSONVILLE FL 32202 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. \; 12. TITLE ☐ Delete TITLE BLOUNT, W.H. NAME NAME STREET ADDRESS **4723 EXETER LANE** STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP STD Delete ☐ Change Addition TITI F TITLE NICOLI, G. NAME NAME 3212 LAKE SHORE BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP VD ☐ Addition TITLE ☐ Delete TITLE ☐ Change RHODEN, A: NAME NAME 4712 ORTEGA FOREST DR STREET ADORESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 supplimental 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 desire empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**FILED**