

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 531626

1. Entity Name

DAVIS DEVELOPMENT & INVESTMENT CO.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90031 019 \*\*\*150.00

Principal Place of Business	Mailing Address
2016 HENDRICKS AVENUE JACKSONVILLE FL 32207 US	2016 HENDRICKS AVENUE JACKSONVILLE FL 32207-3308 US

2. Principal Place of Business	3. Mailing Address
1801 Art Museum Drive Suite, Apt. #, etc. Suite 106 City & State Jacksonville, FL Zip 32207 Country Duval	1801 Art Museum Drive Suite, Apt. #, etc. Suite 106 City & State Jacksonville, FL Zip 32207 Country Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1809596	Applied For	<input type="checkbox"/>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, JACK C 2016 HENDRICKS AVENUE JACKSONVILLE FL 32207	Name DAVIS, John C. Street Address (P.O. Box Number is Not Acceptable) 1801 Art Museum Drive, Suite 106 City Jacksonville FL Zip Code 32207

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, JOHN C 2016 HENDRICKS AVENUE JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 Art Museum Dr., Ste 106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, CATHERINE L 2016 HENDRICKS AVENUE JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 Art Museum Dr., Ste 106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplemental 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 trustee 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.

SIGNATURE: *John C. Davis* 4-24-00 904-398-0053  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)