## 2000 UNIFORM BUSINESS REPORT (UBR)

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<del>C. Edward Vandergriff</del>

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # 688783** 1. Entity Name JAX UTILITIES CONSTRUCTION COMPANY, INC. 02-01-2000 90010 015 \*\*\*158.75 Principal Place of Business Mailing Address HASKELL BUILDING HASKELL BUILDING 111 RIVERSIDE AVENUE 111 RIVERSIDE AVENUE 608736 JACKSONVILLE FL 32202-4921 JACKSONVILLE FL 32202-4950 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt #, etc. City & State Applied For City & State 4. FEI Number 59-2036000 Not Applied 12 Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VANDERGRIFF, C. EDWARD Street Address (P.O. Box Number is Not Acceptable) 1950 LARGO PLACE JACKSONVILLE FL 32207 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition ☐ Delete TITLE VΡ HASKELL, PRESTON H NAME NAME Hans G. Tanzler III 111 RIVERSIDE AVE STREET ADDRESS STREET ADDRESS 111 Riverside Avenue CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Jacksonville, FL 32202 Change ☐ Addition Delete TITLE TITLE vandergriff, C. Edward NAME NAME 111 RIVERSIDE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ · Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additior Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 dotal 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 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 13. I hereby certify that the information of the corporation or the receiver or

1/18/00

904/791~4500

Daytime Phone #