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FILED
Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702639

1. Corporation Name

JACKSONVILLE UNIVERSITY PROPERTIES, INC.

Principal Place of Business	Mailing Address
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD NORTH JACKSONVILLE FL 32211	JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD NORTH JACKSONVILLE FL 32211

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0624412 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCALLISTER, EUGENE J 2800 UNIVERSITY BLVD. N. JACKSONVILLE FL 32211	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DRUCKER, RONALD W.		1.2 NAME		
STREET ADDRESS	251 CRANDON BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYE FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MCALLISTER, EUGENE J		2.2 NAME	MCALLISTER, EUGENE J.	
STREET ADDRESS	2800 UNIVERSITY BLVD. N.		2.3 STREET ADDRESS	2800 UNIVERSITY BLVD. N.	
CITY-ST-ZIP	JACKSONVILLE FL 32211		2.4 CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NASH, WILLIAM E JR.		3.2 NAME		
STREET ADDRESS	2519 RIVERSIDE AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TIPTON, PAUL S.		4.2 NAME		
STREET ADDRESS	2800 UNIVERSITY BLVD N		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FLANIGAN, MATTHEW		5.2 NAME		
STREET ADDRESS	2800 UNIVERSITY BLVD. N		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	ROBERTSON, JESSE		6.2 NAME	ROBERTSON, JESSE	
STREET ADDRESS	UNIT Q-37, 4250 A1A SOUTH		6.3 STREET ADDRESS	UNIT Q-37, 4250 A1A SOUTH	
CITY-ST-ZIP	ST AUGUSTINE FL 32084		6.4 CITY-ST-ZIP	ST AUGUSTINE FL 32084	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3.6.99 904/745-7024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Eugene J. McAllister