2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002
Secretary of State

DOCUMENT# 702639

Entity Name: JACKSONVILLE UNIVERSITY PROPERTIES, INC.

Current Principal Place of Business:

JACKSONVILLE UNIVERSITY
2800 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

JACKSONVILLE UNIVERSITY
2800 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-0624412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILEY, JOSEPH L
2800 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	STD	( ) Delete
Name:	WILEY, JOSEPH L	
Address:	2800 UNIVERSITY BLVD. N.	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	PD	( ) Delete
Name:	HARLOW, DAVID L	
Address:	2800 UNIVERSITY BLVD N	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	DV	( ) Delete
Name:	MOORE, GARY A	
Address:	2800 UNIVERSITY BLVD. N	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CD	( ) Change (X) Addition
Name:	CASCONE, MICHAEL	
Address:	4800 DEERWOOD CAMPUS PARKWAY	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	TD	( ) Change (X) Addition
Name:	FOSTER, RONALD H SR	
Address:	2900 HARTLEY RD	
City-St-Zip:	JACKSONVILLE, FL 32257	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH L. WILEY STD 09/10/2002

Electronic Signature of Signing Officer or Director — Date