

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90067 001 \*\*\*183.75

**DOCUMENT # 704444**

1. Entity Name

**THE CATHEDRAL FOUNDATION OF JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

256 EAST CHURCH STREET  
 JACKSONVILLE FL 32202

256 EAST CHURCH STREET  
 JACKSONVILLE FL 32202-3132

2. Principal Place of Business

**4250 Lakeside Drive**

3. Mailing Address

**4250 Lakeside Drive**

Suite, Apt. #, etc.

**204**

Suite, Apt. #, etc.

**204**

City & State

**Jacksonville, Florida**

City & State

**Jacksonville, Florida**

Zip

**32210**

Country

**USA**

Zip

**32210**

Country

**USA**

4. FEI Number

**59-6161532**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLSHOUSER, ERIC J.**  
**2065 HERSCHEL STREET**  
**JACKSONVILLE FL 32204**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete  
 NAME **SEFTON, JOHN T.**  
 STREET ADDRESS **200 LAURA ST.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☒ Delete  
 NAME **WELTSEK, GUSTAVE J., JR**  
 STREET ADDRESS **256 E. CHURCH ST.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **DAME, JILL L.**  
 STREET ADDRESS **2905 GRAND AVENUE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ Delete  
 NAME **JACKSON, VINCENT V**  
 STREET ADDRESS **4902 ARROWSMITH ROAD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☐ Change ☒ Addition  
 NAME **GILBREATH, DENISE**  
 STREET ADDRESS **218 ASHLEY STREET**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **MERCIER, LEE F.**  
 STREET ADDRESS **200 WEST FORSYTH STREET, SUITE 1100**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **RAY, B. CRAIG**  
 STREET ADDRESS **2708 ST. JOHN'S AVENUE**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **RICHARDSON, CATHERINE**  
 STREET ADDRESS **4631 ALGONQUIN AVENUE**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32210**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Chairman of the Board 1/19/00

(904) 359-2000