

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706174

1. Entity Name

RENAISSANCE CENTER, INC.

Principal Place of Business

900 UNIVERSITY BLVD N
STE 700
JACKSONVILLE FL 32211
US

Mailing Address

P O BOX 17067
JACKSONVILLE FL 32245
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1022113

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOMMERS, ROBERT A PHD M
900 UNIVERSITY BLVD N
STE 700
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

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

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	CLARK, JIM W	
STREET ADDRESS	510 N. JULIA ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MAULDIN, OLIN JR.	
STREET ADDRESS	653-1 WEST 8TH ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOAR, KENTON	
STREET ADDRESS	10407 CENTURION PKWY N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	OWEN, GEORGE	
STREET ADDRESS	P.O. BOX 40789	
CITY-ST-ZIP	JACKSONVILLE FL 32203	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SOMMERS, ROBERT	
STREET ADDRESS	900 UNIVERSITY BLVD N, STE 700	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES	
STREET ADDRESS	6865 TAMRA LN	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Charles W. Lewis	
STREET ADDRESS	5307 Fleet Landing Blvd.	
CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert A. Sommers, PH.D. Robert Sommers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 743-1883

Daytime Phone #

CR2E037 (10/00)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90049 048 ****70.00



DO NOT WRITE IN THIS SPACE