

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709028

1. Entity Name

THE ARC JACKSONVILLE, INC.

FILED

Jun 07, 2000 8:00 am  
Secretary of State

06-07-2000 90442 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1050 NORTH DAVIS STREET  
JACKSONVILLE FL 32209  
US

1050 NORTH DAVIS STREET  
JACKSONVILLE FL 32209-6908  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6209603

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CONKLIN, BOB  
1050 NORTH DAVIS ST  
JACKSONVILLE FL 32209

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 D  
NAME O'CONNER, KEVIN  
STREET ADDRESS 9645 BAYMEADOWS ROAD #924  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

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

TITLE VSD  
NAME FULLWOOD, KAY  
STREET ADDRESS 2345 LUANA DRIVE EAST  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

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

TITLE D  
NAME HERVEY, BOB  
STREET ADDRESS 1021 OAK STREET  
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

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

TITLE CD  
NAME MORAN, BERNADETTE  
STREET ADDRESS 3312 ST. JOHNS AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

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

TITLE TD  
NAME CONKLIN, BOB  
STREET ADDRESS 111 RIVERSIDE AVENUE, SUITE 210  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

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

TITLE D  
NAME GLOGER, VICKI-LYNNE  
STREET ADDRESS 5000 PINEWOOD AVE #6  
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)