

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90195 049 ****61.25

DOCUMENT # 712199

1. Entity Name

JACKSONVILLE COMMUNITY COUNCIL, INC.

Principal Place of Business

Mailing Address

**2434 ATLANTIC BLVD
 SUITE 100
 JACKSONVILLE FL 32207
 US**

**2434 ATLANTIC BLVD
 SUITE 100
 JACKSONVILLE FL 32207-3564
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1163905

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

**CHEPENIK, LOIS
 2434 ATLANTIC BLVD
 SUITE 100
 JACKSONVILLE FL 32207**

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 PD
 NAME BRINTON, BILL ☒ Delete
 STREET ADDRESS ONE INDEPENDENT DR. #3200
 CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE PD ☐ Change ☒ Addition
 NAME Sherry Burns
 STREET ADDRESS 4 Broadcast Place
 CITY-ST-ZIP Jacksonville, FL 32207

TITLE VD ☒ Delete
 NAME DANIELS, LAD
 STREET ADDRESS 7775 BAYMEADOWS WAY, SUITE 106
 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE SD ☐ Change ☒ Addition
 NAME Charlene Taylor Hill
 STREET ADDRESS 117 N. Duval Street #350
 CITY-ST-ZIP Jacksonville FL 32202

TITLE TD ☒ Delete
 NAME SMITH, HANLEY
 STREET ADDRESS ONE SAN JOSE PLACE
 CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE TD ☐ Change ☒ Addition
 NAME Edward Hark
 STREET ADDRESS 13845 Fiddlers Point
 CITY-ST-ZIP Jacksonville FL 32225

TITLE ~~SB~~ VD ☐ Delete *change*
 NAME BUTTS, SUE
 STREET ADDRESS 11323 DISTRIBUTION AVE E.
 CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3916-3052

CR2E037 (9/99)