

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

001183

DOCUMENT # 712199

1. Entity Name

JACKSONVILLE COMMUNITY COUNCIL, INC.

03-08-2001 90016 018 ****61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1163905**

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

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

TITLE **3D** ☐ Change ☒ Addition
 NAME **Pat Bregozowski**
 STREET ADDRESS **701 San Marco Blvd**
 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 **VD** ☐ Change ☒ Addition
 NAME **Edgar Mathis**
 STREET ADDRESS **4997 Toproyal Lane**
 CITY-ST-ZIP **Jacksonville FL 32277**

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

TITLE **TD** ☐ Change ☒ Addition
 NAME **Edward Hearle**
 STREET ADDRESS **13845 Fiddler's Point Dr**
 CITY-ST-ZIP **Jacksonville FL 32225**

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **Sue Butts**
 STREET ADDRESS **11323 Distribution Ave E.**
 CITY-ST-ZIP **Jacksonville, FL 32256**

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:

SIG. L. O. Ripenick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

904-396-3052

Daytime Phone #

CR2E037 (10/00)