

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
 05-17-2002 90017 030 ****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
 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 **SD** ☒ Delete
 NAME **BRZOWSKI, PAT**
 STREET ADDRESS **701 SAN MARCO BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **SD** ☒ Change ☐ Addition
 NAME **WEATHER BY, PAULA**
 STREET ADDRESS **4062 CORDOVA AVENUE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **AB-PD** ☐ Delete
 NAME **MATHIS, ED**
 STREET ADDRESS **4997 TOPROYAL LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **HEARLE, EDWARD**
 STREET ADDRESS **13845 FIDDLERS POINT DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **TD** ☒ Change ☐ Addition
 NAME **CORB, JOHN**
 STREET ADDRESS **PO BOX 44100**
 CITY-ST-ZIP **JACKSONVILLE, FL 32231**

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **FOSTER, DAVID**
 STREET ADDRESS **3432 SAN JOSE BLVD.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

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: **SUE BUTTS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2002 (904) 396-3052

Date

Daytime Phone #

CR2E037 (9/01)