

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90052 031 ****61.25

DOCUMENT # 714162

1. Entity Name

URBAN JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

256 EAST CHURCH ST.
 JACKSONVILLE FL 32202

256 EAST CHURCH ST.
 JACKSONVILLE FLA 32202-3132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4250 Lakeside Drive

3. Mailing Address

4250 Lakeside Drive

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

23-7024899

Applied For
 Not Applicable

Zip

32210

Country

USA

Zip

32210

Country

USA

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

**HOLSHOUSER, ERIC J.
 2065 HERSCHEL STREET
 JACKSONVILLE FL 32204**

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 **CD** Delete
 NAME **SEFTON, JOHN T**
 STREET ADDRESS **200 LAURA STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **WELTSEK, GUSTAVE J JR**
 STREET ADDRESS **256 EAST CHURCH STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **SD** Change Addition
 NAME **DAME, JILL L.**
 STREET ADDRESS **2905 GRAND AVENUE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **D** Delete
 NAME **JACKSON, VINCENT**
 STREET ADDRESS **4902 ARROWSMITH ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** Change Addition
 NAME **RICHARDSON, CATHERINE**
 STREET ADDRESS **4631 ALGONQUIN AVENUE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **GILBREATH, DENISE**
 STREET ADDRESS **218 ASHLEY STREET**
 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **MERCIER, LEE F.**
 STREET ADDRESS **200 WEST FORSYTH STREET, SUITE 1100**
 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **RAY, B. CRAIG**
 STREET ADDRESS **2708 ST. JOHN'S AVENUE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32205**

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 thereof; that I am duly 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 REQUIRED Chairman of the Board

1/19/00

(904) 359-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #