

Amended

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

09-09-2003 90027 007 ****61.25
FILED 714162

UBR1.000

DOCUMENT # 714162

1. Entity Name
URBAN JACKSONVILLE, INC.



03 SEP 12 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4250 LAKESIDE DR
204
JACKSONVILLE FL 32210

Mailing Address
4250 LAKESIDE DR
204
JACKSONVILLE FL 32210



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7024899**

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

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | SEFTON, JOHN T | |
| STREET ADDRESS | 200 LAURA STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | VC | <input type="checkbox"/> Delete |
| NAME | HARRISON, EDWARD H | |
| STREET ADDRESS | 256 EAST CHURCH STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JACKSON, VINCENT | |
| STREET ADDRESS | 4902 ARROWSMITH ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32208 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RICHARDSON, CATHERINE | |
| STREET ADDRESS | 4631 ALCONQUIN AVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GILBREATH, DENISE | |
| STREET ADDRESS | 218 ASHLEY ST | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MERCIER, LEE F | |
| STREET ADDRESS | 200 W FORSYTH ST STE 1100 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|--|
| TITLE | CEO [NOT DIRECTOR] | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BERTRAM, THERESA | |
| STREET ADDRESS | 4250 LAKESIDE DRIVE JACKSONVILLE 32210 | |
| CITY-ST-ZIP | | |
| TITLE | CFO, [NOT DIRECTOR] | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MACEDO, JONATHAN | |
| STREET ADDRESS | 4250 LAKESIDE DRIVE JACKSONVILLE 32210 | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KING, WILLIAM | |
| STREET ADDRESS | 4860 ORTEGA BOULEVARD JACKSONVILLE 32210 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E037 (4/03)

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 REQUIRED


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

2003 NO I-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714162

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URBAN JACKSONVILLE, INC.



COPY
80146044

| | |
|--|--|
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|--|--|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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| | |
|--------------------------------------|---|
| <input type="checkbox"/> Applied For | <input type="checkbox"/> Not Applicable |
|--------------------------------------|---|

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2065 HERSCHEL STREET
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEES \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------|
| TITLE | D |
| NAME | Jorgensen, Michael |
| STREET ADDRESS | 7555 Beach Boulevard |
| CITY-ST-ZIP | Jacksonville, Florida 32216 |
| TITLE | D |
| NAME | Ray, Craig, B. |
| STREET ADDRESS | 2708 St. John's Avenue |
| CITY-ST-ZIP | Jacksonville, Florida 32205 |
| TITLE | D |
| NAME | Berg, Rebecca |
| STREET ADDRESS | 4811 Beach Boulevard Ste. 200 |
| CITY-ST-ZIP | Jacksonville, Florida 32207 |
| TITLE | D |
| NAME | Diamond, Jack |
| STREET ADDRESS | 1301 Riverplace Boulevard |
| CITY-ST-ZIP | Jacksonville, Florida 32207 |
| TITLE | D |
| NAME | Weatherby, Michael |
| STREET ADDRESS | 4062 Cordova Avenue |
| CITY-ST-ZIP | Jacksonville, Florida 32207 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|-----------------------------|
| TITLE | D |
| NAME | Kennedy, Roland |
| STREET ADDRESS | 10122 West Courtyards Place |
| CITY-ST-ZIP | Jacksonville, Florida 32256 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

Change Addition

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SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #