

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90055 002 ****61.25

DOCUMENT # 716111

1. Entity Name

BAPTIST TOWERS OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

100 LE BARON AVE
 JACKSONVILLE FL 32207

1400 LE BARON AVE
 JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1392216

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

WHITLEY, WILLIAM R.
2707 DUPONT AVENUE
JACKSONVILLE FL 32217

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:
FEES \$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 ☐ Delete
 NAME **D**
 STREET ADDRESS **ROWE, ROBERT JR.**
 CITY-ST-ZIP **8112 PINE LANE RD.**
JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32256**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **VERLNADER, CHRIS**
 CITY-ST-ZIP **10148 DEERCREEK CLUB ROAD EAST**
JACKSONVILLE FL 32256

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WHORTON, JUDSON**
 CITY-ST-ZIP **5443 JOHN REYNOLDS DRIVE**
JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32277**

TITLE ☐ Delete
 NAME **P D**
 STREET ADDRESS **SNELL, JACK A DR.**
 CITY-ST-ZIP **4308 HEAVEN TREES ROAD**
JACKSONVILLE FL 32207

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

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **HILL, STAN W.**
 CITY-ST-ZIP **8888 GREEN GLADE RD.**
JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8483 STABLES PL**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **HENNANOEZ, Rudy**
 STREET ADDRESS **2505 Highsmith Landing**
 CITY-ST-ZIP **JACKSONVILLE FL 32226**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00 (1)904-398-3406

Date Daytime Phone #

CR2E037 (9/99)