FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91802 013 ****61.25

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

11042038

DOCUMENT # 736343

1. Entity Name
MCDONALD'S JACKSONVILLE CO-OP ADVERTISING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2301 PARK AVE SUITE 402 ORANGE PARK, FL 32073	2301 PARK AVE SUITE 402 ORANGE PARK, FL 32073

2. Principal Place of Business	3. Mailing Address
428 Walnut St.	428 Walnut St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Green Cove Springs, FL	City & State: Green Cove Springs, FL
Zip: 32043 Country: USA	Zip: 32043 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-1723976 ☐ 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
DUVAL, STEPHEN J CPA 2301 PARK AVE SUITE 402 ORANGE PARK, FL 32073	Name: DuVal, Stephen J., CPA Street Address (P.O. Box number is not acceptable): 428 Walnut Street City: Green Cove Springs FL Zip Code: 32043

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 _____ 4/30/03
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: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	AMEEN, DAVID		NAME		
STREET ADDRESS	3792 WATERSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KLINICK, LENNY		NAME		
STREET ADDRESS	389 HOPE STREET		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	POTAPOW, MICHAEL JR		NAME		
STREET ADDRESS	4974 SW 91ST DR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCHEURMAN, KATHLEEN		NAME		
STREET ADDRESS	944 MAPLE RIDGE COURT		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FEY, RICK		NAME		
STREET ADDRESS	1512 RIVER OAKS DR.		STREET ADDRESS		
CITY-ST-ZIP	BLACKSHEAR, GA 31516		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LISANTE, THOMAS		NAME		
STREET ADDRESS	130 NEW BERLIN RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP		

CR2E037 (10/02)

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: _____ 4/30/03 (904)272-5996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #