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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moftam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745605 (6)
 1. Corporation Name
JACKSONVILLE UNIVERSITY RESEARCH CENTER, INC.

Principal Place of Business 2800 UNIVERSITY BLVD., N. JACKSONVILLE FL 32211	Mailing Address 2800 UNIVERSITY BLVD., N. JACKSONVILLE FL 32211-3321
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/17/1979	3a. Date of Last Report 02/14/1996
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1985627	Applied For ☐ Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

GOODMAN, JERRY
2800 UNIVERSITY BLVD N
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name Eugene J. McAllister
82 Street Address (P.O. Box Number is Not Acceptable) 2800 University Blvd., N.
83
84 City Jacksonville
85 Zip Code FL 32211

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Eugene J. McAllister* 3/7/97
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	KINNE, FRANCES BARTLETT	1.1 TITLE	☐ Change ☐ Addition
NAME	4032 MISSION HILLS CIRCLE WEST	1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VD	TIPTON, PAUL S.	2.1 TITLE	☐ Change ☐ Addition
NAME	2800 UNIVERSITY BLVD N.	2.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE STD	GOODMAN, JERRY	3.1 TITLE	☐ Change ☒ Addition
NAME	130 GLEN COVE PL	3.2 NAME	
STREET ADDRESS	PONTE VEDRA BCH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE *Eugene J. McAllister* Eugene J. McAllister 3/7/97 904/745-7024

CR2E037 (9/96)

JACKSONVILLE UNIVERSITY

BOARD OF TRUSTEES - MASTER LIST

M. ANDREW ABATE

Investor & Consultant
42 Tifton Way South
Ponte Vedra Beach, FL 32082
Phone/Fax: (904) 285-3844

JOHN E. ANDERSON (ex officio)

President & C.E.O.
FRP Properties, Inc.
155 E. 21st Street
Jacksonville, FL 32206
Phone: (904) 355-1781, x. 269
Fax: (904) 355-0817

KENNETH G. ANDERSON

Attorney at Law
1301 Riverplace Blvd., Suite 2640
Jacksonville, FL 32207-9031
Phone: (904) 399-8000
Fax: (904) 346-3078

MICHAEL B. BOYD (ex officio)

Principal, Senior Consultant
SigmaCorp International
11243-1 St. Johns Industrial Parkway S
Jacksonville, FL 32246
Phone: (904) 260-9093
Fax: (904) 262-8003

JACOB F. BRYAN, IV

The Bryan Group
One Independent Square
Suite 3201
Jacksonville, FL 32202
Phone: (904) 355-7755
Fax: (904) 355-5333

A. DANO DAVIS

Chairman & Principal Executive Officer
Winn-Dixie Stores, Inc.
5050 Edgewood Ct.
Jacksonville, FL 32254-3699
Phone: (904) 783-5241
Fax: (904) 783-5733

FLORENCE N. DAVIS

3960 Ortega Blvd.
Jacksonville, FL 32210
Phone: (904) 389-3031

THOMAS M. DONAHOO

Attorney at Law, President
Donahoo, Donahoo & Ball, P.A.
2925 Barnett Center
50 North Laura Street
Jacksonville, FL 32202-3657
Phone: (904) 354-8080
Fax: (904) 791-9563

RONALD W. DRUCKER

Consultant on Transportation
and Technology Issues
251 Crandon Blvd., Apt. 143
Key Biscayne, FL 33149
Phone: (305) 365-1038
Fax: (305) 361-1814

RONALD H. FOSTER, SR.

President & C.E.O.
The Stellar Group
2900 Hartley Road
Jacksonville, FL 32257
Phone: (904) 260-2900
Fax: (904) 262-6327

WILLIAM K. HATCHER

Investor
3344 Lake Shore Blvd., Slip #4
Jacksonville, FL 32210
Phone: (904) 389-5360

PAUL G. KAHN

President
Goldcon Enterprises
221 Ponte Vedra Park Drive, Suite 400
Ponte Vedra Beach, FL 32082
Phone: (904) 285-8617
Fax: (904) 273-9609

FRANCES BARTLETT KINNE, PH.D.
4032 Mission Hills Circle West
Jacksonville, FL 32225
Phone/Fax: (904) 645-7766

BOWIE K. KUHN
President
The Kent Group, Inc.
136 Teal Pointe Lane
Ponte Vedra Beach, FL 32082
Phone: (904) 285-9938
Fax: (904) 285-6868

MINERVA R. MASON
12 Kingsley Avenue
Orange Park, FL 32073
Phone: (904) 269-4095
Fax: (904) 264-3921

HAROLD F. MCCART, JR.
Attorney at Law
Boling & McCart, P.A.
76 South Laura Street, Suite 700
Jacksonville, FL 32202
Phone: (904) 354-6543
Fax: (904) 354-9009

THOMAS R. MCGEHEE
Co-Chairman of the Board/Co-C.E.O.
Mac Papers, Inc.
3300 Phillips Hwy.
Jacksonville, FL 32207
Phone: (904) 348-3300
Fax: (904) 399-0822

DAVID F. MILLER
Chairman
Purcell of the South, Inc.
1610 South Eighth Street
Fernandina Beach, FL 32034
Phone: (904) 277-6727
Fax: (904) 261-9963

CHARLES S. MUSSALLEM, III
President, No-Muv Corporation, Inc.
President, Mussallem Oriental Rugs,
Inc.
5801 Phillips Highway
Jacksonville, FL 32216
Phone: (904) 739-1551
Fax: (904) 739-3093

E. WILLIAM NASH, JR.
2519 Riverside Avenue
Jacksonville, FL 32204
Phone: (904) 389-2731
Fax: (904) 356-3369

BILLIE N. NIMNIGHT, JR.
President
Nimnicht Chevrolet
1550 Cassat Ave.
Jacksonville, FL 32210
Phone: (904) 387-4041, x. 263
Fax: (904) 388-8016

JACK H. QUARITIUS
2729 Holly Point Road, East
Orange Park, FL 32073
Phone: (904) 264-2092

ROBERT T. SHIRCLIFF
Chairman of the Board
The Shircliff Group
1301 Riverplace Blvd., Suite 2529
Jacksonville, FL 32207-9031
Phone: (904) 396-7716
Fax: (904) 399-8391

SHELDON E. STEINBACH
Vice President & General Counsel
American Council on Education
One Dupont Circle, NW, Suite 838
Washington, DC 20036
Phone: (202) 939-9355
Fax: (202) 833-4762

C. HERMAN TERRY

President

The CHT Corporation

1301 Riverplace Blvd., Suite 2109

Jacksonville, FL 32207

Phone: (904) 396-7166

Fax: (904) 346-5414

B. J. WALKER

Vice Chairman

First Union Corporation

225 Water Street

Jacksonville, FL 32202

Phone: (904) 361-3651

Fax: (904) 361-2037

PATRICK M. WILLIAMS

Chairman

Breidert Air Products

6393 Powers Avenue

Jacksonville, FL 32217-2298

Phone: (904) 731-4711

Fax: 737-8322

updated 1-30-97