

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745605

1. Entity Name

JACKSONVILLE UNIVERSITY RESEARCH CENTER, INC.

Principal Place of Business

Mailing Address

2800 UNIVERSITY BLVD., N.
JACKSONVILLE FL 32211

2800 UNIVERSITY BLVD., N.
JACKSONVILLE FL 32211-3321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1985627

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

MCALLISTER, EUGENE J
2800 UNIVERSITY BLVD, N.
JACKSONVILLE FL 32211

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 PD
NAME KINNE, FRANCES BARTLETT
STREET ADDRESS 4032 MISSION HILLS CIRCLE WEST
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME TIPTON, PAUL S.
STREET ADDRESS 2800 UNIVERSITY BLVD N.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME MCALLISTER, EUGENE L
STREET ADDRESS 2800 UNIVERSITY BLVD, N
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90276 029 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4/24/00 904-745-7024