

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90061 048 \*\*\*\*61.25

**DOCUMENT # 748973**

1. Entity Name

**GREATER JACKSONVILLE AREA USO COUNCIL, INC.**

Principal Place of Business

Mailing Address

**BOX 108  
 JACKSONVILLE FL 32212**

**BOX 108  
 JACKSONVILLE FL 32212-0108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1052424**

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

**KENNEDY, WILLIAM H  
 2748 FOXWOOD ROAD, SOUTH  
 ORANGE PARK FL 32073**

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 William H. Kennedy, Executive Director *William H Kennedy* 3/15/00

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 **TD**  
 NAME **ROBERTS, LINDA**  
 STREET ADDRESS **2625 SHARPSBURG COURT**  
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

Delete

TITLE **PD**  
 NAME **STALLWOOD, J. FRANKLIN**  
 STREET ADDRESS **5 BREACHWALKER ROAD**  
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

Delete

TITLE **SD**  
 NAME **HUDSPETH, GEORGE L.**  
 STREET ADDRESS **10727 CROSSWICKS ROAD**  
 CITY-ST-ZIP **JACKSONVILLE FL**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE **TD**  
 NAME **LOVING, FRANCIS L.**  
 STREET ADDRESS **1300 RIVERPLACE BLDG., SUITE 640**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

Change  Addition

TITLE **PD**  
 NAME **HOENER, JAMES H.**  
 STREET ADDRESS **11200-6 ST. JOHNS INDUSTRIAL PKWY N**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32246**

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

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: *James H. Hoener* **James H. Hoener** 3/15/00 **(904) 565-9999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)