

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90058 011 \*\*\*\*61.25

**DOCUMENT # 754878**

1. Entity Name  
**JACKSONVILLE CHAMBER OF COMMERCE, INC.**



**90007139**



CHECK HERE IF MAKING CHANGES

Principal Place of Business <b>3 INDEPENDENT DRIVE JACKSONVILLE FL 32202 US</b>		Mailing Address <b>3 INDEPENDENT DRIVE JACKSONVILLE FL 32202 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-0306160</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LEE, WALTER M. III  
3 INDEPENDENT DRIVE  
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS LEE, WALTER M. III 3 INDEPENDENT DRIVE JACKSONVILLE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THOMPSON, CAROL C 800 PRUDENTIAL DR JACKSONVILLE FL 32207</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C PAPPAS, LYNN M 200 W FORSYTH ST STE 1400 JACKSONVILLE FL 32202-4327</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCHMITT, JOHN 200 W FORSYTH ST JACKSONVILLE FL 32202</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRANKLIN, FRED 50 N LAURA ST STE 3900 JACKSONVILLE FL 32202-3664</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MC COLLUM, JAMES E 301 W BAY ST #1100 JACKSONVILLE FL 32202-4400</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Allred, Barry L. 701 W Adams St. Jacksonville, FL 32204</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Strom, John D. 50 N Laura St., Suite 3000 Jacksonville, FL 32202</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Milton, Christine R. 50 N Laura St., Suite 3300 Jacksonville, FL 32202</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Walter M. Lee III SIGNATURE REQUIRED Walter M. Lee III 01/17/03 904-366-6631

CR2E037 (10/02)