2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT #** Jun 08, 2000 8:00 am 1. Entity Name **Secretary of State** JACKSONVILLE ECONOMIC DEVELOPMENT COMPANY, INC. 06-08-2000 90033 030 ****70.00 Principal Place of Business Mailing Address 220 E. | Bay St., 401 220 E. Bay St., 401 Jacksonville, FL 32202 Jacksonville, FL 32202 DAAAAAT 3. Mailing Address 2. Principal Place of Business Bay Street 220 E. Bay Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 401 Suite 401 City & State City & State 4. FEI Number Applied For <u>Jacksonville</u> Jacksonville, 59-2157833 Not Applicable Country \$8.75 Additional Country 32202 32202 5. Certificate of Status Desired UŠA USA Fee Required 6. Name and Address of Current Registered Agent. Joseph E. Whitaker Joseph E. Whitaker Street Address (P.O. Box Number is Not Acceptable) 220 E. Bay St., Suite 401 220 E. Bay St, Suite 401 Jacksonville, FL 🔨 32202 Jacksonvilde 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be **Department of State** Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Change TITLE S - Thuvan DeBellis NAME NAME 220 East Bay St, #401 Ron S. Wilkins STREET ADDRESS STREET ADDRESS Jacksonville, FL 32202 1301 Riverplace Blvd, #1901 CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32202 Delete Addition ☐ Change TITLE P - Felice Franklin D - Arnett Greene NAME 220 E. Bay St, #401 2737 Edgewood Ave, W STREET ADDRESS STREET ADDRESS Jacksonville, FL 32202 CITY-ST-7IP CITY-ST-ZIP Jacksonville, FL 32208 S - Jane Lanier ☐ Delete ☐ Change ※XX Addition TITLE S-Sharon, Grant 1800 Barrs St., #2776 NAME 220 E. Bay St, #1400 STREET ADDRESS STREET ADDRESS Jacksonville FL 32203 Jacksonville, FL 32202 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE T - Marshall Gunn NAME NAME 4345 Southpoint Blvd, #100 STREET ADDRESS STREET ADDRESS Jacksonville FL 32216 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete D - Joseph Whitaker NAME 220 E. Bay Street, #401 STREET ADDRESS STREET ADDRESS Jacksonwille, FL 32202 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE VP - Jim Taylor NAME 220 E. Bay St, #401 STREFT ADDRESS STREET ADORESS Jacksonville, FL 32202 CITY-ST-ZIP 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 accorded 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 optrustee 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 erpowered. TICH XIOTT SIGNATURE

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR