

AMENDED

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

FILED

DOCUMENT # 755830

1. Entity Name

Jacksonville Economic Development Company, Inc.

02 DEC 11 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

700009464947
12/11/02--01027--019 **61.25

2. Principal Place of Business
1300 Riverside Blvd.

3. Mailing Address
1300 Riverside Blvd.

Suite, Apt. #, etc.
Suite 107

Suite, Apt. #, etc.
Suite 107

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number 59-2157833

Applied For
Not Applicable

Zip Country
32207 USA

Zip Country
32207 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Earl M. Barker, Jr.

Street Address (P.O. Box Number is Not Acceptable)

Slott & Barker, 334 E. Duval Street

City Jacksonville FL Zip Code 32202

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 

Earl M. Barker, Jr.

11/26/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME D, CEO, P
STREET ADDRESS 1300 Riverplace Blvd., Suite 107
CITY- ST- ZIP Jacksonville, FL 32207

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME VP, AS
STREET ADDRESS 1300 Riverplace Blvd., Suite 107
CITY- ST- ZIP Jacksonville, FL 32207

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME CD
STREET ADDRESS 2737 Edgewood Ave., W.
CITY- ST- ZIP Jacksonville, FL 32209-2345

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME VCD
STREET ADDRESS 1300 Riverplace Blvd., Suite 107
CITY- ST- ZIP Jacksonville, FL 32207

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME D, S
STREET ADDRESS 1300 Riverplace Blvd., Suite 107
CITY- ST- ZIP Jacksonville, FL 32207

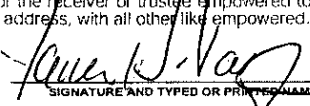
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME D
STREET ADDRESS 3060 Leon Rd., Suite 202
CITY- ST- ZIP Jacksonville, FL 32246

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  James H. Taylor

11/26/02

(904) 398-9411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)

21212