

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90033 028 ***150.00

DOCUMENT # F00000000170

1. Entity Name
JACKSONVILLE AIRPORT, INC.

Principal Place of Business
 100 PEACHTREE ST. NW. SUITE 450
 ATLANTA GA 30303-1913

Mailing Address
 100 PEACHTREE ST. NW. SUITE 450
 ATLANTA GA 30303-1913

2. Principal Place of Business
 2200 Northlake Pkwy
 Suite, Apt. #, etc.
 Ste 277
 City & State
 Tucker, GA
 Zip
 30084
 Country
 USA

3. Mailing Address
 2200 Northlake Pkwy
 Suite, Apt. #, etc.
 Ste 277
 City & State
 Tucker, GA
 Zip
 30084
 Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2219994 **Applied For**
 Not Applicable

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

KOLAR, ERIC S
 1830 ATLANTIC BLVD.
 JACKSONVILLE FL 32207

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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, MELTON		NAME		
STREET ADDRESS	100 PEACHTREE ST. NW, SUITE 450		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30303-1913		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melton Harrell **MELTON HARRELL** 5-01 770/939-1801
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X 118

CR2E034 (10/00)