

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0653793 AT

DOCUMENT # F97000004371
1. Entity Name
IHC/JACKSONVILLE CORPORATION



FILED

03 FEB 19 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1950 STEMMON FREEWAY
SUITE 6001
DALLAS TX 75207**

Mailing Address
**1950 STEMMON FREEWAY
SUITE 6001
DALLAS TX 75207**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **23-2917361**
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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEISNER, FREDERICK J 1950 STEMMONS FRWY ST 6001 DALLAS TX 75207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOV TENG, TED 1950 STEMMONS FRWY ST 6001 DALLAS TX 75207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV SMITH, RICK 1950 STEMMONS FRWY ST 6001 DALLAS TX 75207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT HENDRICK, JUDY 1950 STEMMONS FRWY ST 6001 DALLAS TX 75207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS BOHLMAN, JOHN 1950 STEMMONS FRWY #6001 DALLAS TX 75207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS MORSE, JOHN 1950 STEMMONS FRWY #6001 DALLAS TX 75207	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	800012711588 02/19/03--01010--015 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPI Secretary Mark Chloupek 1950 Stemmons Frwy #6001 Dallas Tx 75207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPI Asst Secretary Philip Gosch 1950 Stemmons Frwy Dallas, Tx 75207	<input type="checkbox"/> Change <input checked="" 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 607, 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: **Mark M. Chloupek**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Vice President**

Date **2/6/03** Daytime Phone # **214-963-1285**

CR2E034 (10/02)