

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/22

FILED

Jul 07, 2000 8:00 am  
Secretary of State

05-22-2000 90036 001 \*\*\*150.00

DOCUMENT # F99000005913

1. Entity Name

JACKSONVILLE HOLDINGS, INC. OF DELAWARE

Principal Place of Business

Mailing Address

10863 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32256

10863 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32256-1552

2. Principal Place of Business

1810 Maplelawn Drive

3. Mailing Address

1810 Maplelawn

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Troy, MI

City & State

Troy, MI

Zip

48084

Country

USA

Zip

48084

Country

USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, STEVE W	
STREET ADDRESS	100 SATURN PARKWAY PARKWAY	
CITY-ST-ZIP	SPRING HILL TN 37174	
TITLE	VDAS	<input checked="" type="checkbox"/> Delete
NAME	THOMSON, CHUCK	
STREET ADDRESS	1420 STEPHENSON HIGHWAY	
CITY-ST-ZIP	TROY MI 48007	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JONES, ANNA R	
STREET ADDRESS	100 SATURN PARKWAY	
CITY-ST-ZIP	SPRING HILL TN 37174	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	LAJZIAK, JILL A	
STREET ADDRESS	1420 STEPHENSON HIGHWAY	
CITY-ST-ZIP	TROY MI 48007	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TORPORZYCKI, EDWARD J	
STREET ADDRESS	100 SATURN PARKWAY	
CITY-ST-ZIP	SPRING HILL TN 37174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David T. Fischer	
STREET ADDRESS	1810 Maplelawn Drive	
CITY-ST-ZIP	Troy, MI 48084	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy J. LeRoy	
STREET ADDRESS	1810 Maplelawn Drive	
CITY-ST-ZIP	Troy, MI 48084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE: Timothy J. LeRoy

Date

4/29/00 (248) 816-6170

Daytime Phone

CR2E034 (9/99)