

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G96840**

1. Entity Name

**PACE ISLAND, INC.**

Principal Place of Business

Mailing Address

**1733 PACE ISLAND TRACE  
ORANGE PARK FL 32073**

**1733 PACE ISLAND TRACE  
ORANGE PARK FL 32073-7035**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENNETH M. KEEFE, JR.  
50 N. LAURA STREET, SUITE 3300  
JACKSONVILLE 32202**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>DPS</b>	<b>PAGE, T W</b>	<b>1733 PACE ISLAND TRACE ORANGE PARK FL 32073</b>	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>V</b>	<b>WOOD, SUSAN D</b>	<b>1733 PACE ISLAND TRACE ORANGE PARK FL 32073</b>	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>V</b>	<b>KEEFE, KENNETH M</b>	<b>50 NORTH LAURA STREET JACKSONVILLE FL</b>	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>VT</b>	<b>HARRISON, MELVIN R</b>	<b>1733 PACE ISLAND TRACE ORANGE PARK FL 32073</b>	<input checked="" type="checkbox"/> Delete		<b>VT</b>	<b>MIXON, B. W.</b>	<b>1909 Salt Myrtle Lane Orange Park, FL 32073</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>D</b>	<b>PAGE, W H</b>	<b>1733 PACE ISLAND TRACE ORANGE PARK FL 32073</b>	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>D</b>	<b>LEACH, AUGUSTA P</b>	<b>1733 PACE ISLAND TRACE ORANGE PARK FL 32073</b>	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**B.W. Mixon**

Date

Daytime Phone #

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90027 012 \*\*\*150.00

04000



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2398490** Applied For ☐ Not Applicable ☐

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

CR2E034 (9/99)