

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 06, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # H14260**

1. Entity Name  
**THE PAVILION DEVELOPER, INC.**

<b>Principal Place of Business</b> 1301 RIVERPLACE BLVD. SUITE 1700 JACKSONVILLE 32207	<b>Mailing Address</b> 1301 RIVERPLACE BLVD. SUITE 1700 JACKSONVILLE 32207
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<b>2. Principal Place of Business</b> 1325 SAN MARCO BLVD.	<b>3. Mailing Address</b> 1325 SAN MARCO BLVD.
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Suite, Apt. #, etc. SUITE 902	Suite, Apt. #, etc. SUITE 902
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<b>City &amp; State</b> JACKSONVILLE FL	<b>City &amp; State</b> JACKSONVILLE FL
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<b>Zip</b> 32207	<b>Country</b> US	<b>Zip</b> 32207	<b>Country</b> US
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4. FEI Number  
**59-2757303**

Applied For	
Not Applicable	

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**GRANGER HARVEY G.C.**  
 1301 RIVERPLACE BLVD  
 SUITE 1700  
 JACKSONVILLE FL  
 32207 US

**7. Name and Address of New Registered Agent**

Name  
**GRANGER HARVEY**  
 Street Address (P.O. Box Number is Not Acceptable)  
 1325 SAN MARCO BLVD.  
 SUITE 902  
 City  
 JACKSONVILLE FL Zip Code  
 32207

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 **HARVEY GRANGER**

**04/06/2001**

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, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENE A. HUGH 800 PRUDENTIAL DR JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERRY, KENNETH C. 1325 SAN MARCO BLVD., SUITE 901 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JACKSON, REBECCA B. 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRANGER HARVEY 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROWE, ROBERT L. JR. 9471 BAYMEADOWS RD JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARRETT DONALD O 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE ROBERT LJR 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JACKSON REBECCA B 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRANGER HARVEY 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENE A. HUGH 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: **REBECCA B. JACKSON**

AS **04/06/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)