## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # H84723** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name COMMERCIAL PROPERTIES OF JACKSONVILLE, INC. 04-24-2000 90197 032 \*\*\*150.00 Mailing Address Principal Place of Business PO BOX 5369 3300 PHILLIPS HIGHWAY JACKSONVILLE FL 32207 JACKSONVILLE FL 32247-5369 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2623216 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCGEHEE, THOMAS R. Street Address (P.O. Box Number is Not Acceptable) 3300 PHILLIPS HWY JACKSONVILLE FL 32207 Zip Code FL 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. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PCD TIT! F ☐ Delete TITLE ☐ Change ☐ Addition MCGHEE, THOMAS R. NAME NAME 3300 PHILLIPS HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE MCGHEE, FRANK S. NAME NAME 3300 PHILLIPS HWY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL ☐ Change ☐ Addition TITLE TITLE ☐ Delete FISHER, GUY NAME NAME STREET ADDRESS 3300 PHILLIPS HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Addition TITLE Change TITLE **Delete** MCGEHEE, SUTTON NAME NAME STREET ADDRESS 3300 PHILLIPS HWY STREET ADDRESS CITY-ST-ZIP JAX-FL--CITY-ST-ZIP TAS TITLE ☐ Delete TITLE Change ☐ Addition NAME ROGERS, JONATHAN Y NAME STREET ADDRESS 3300 PHILIPS HWY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MCGEHEE, T.R., JR. NAME NAME STREET ADDRESS 3300 PHILLIPS HWY STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

JACKSONVILLE FL

CITY-ST-ZIP