

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J82990

1. Entity Name

FIRST BANK OF JACKSONVILLE

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90181 013 ***150.00

Principal Place of Business

Mailing Address

11100 SAN JOSE BLVD.
P.O. BOX 57099
JACKSONVILLE FL 32241-7099

11100 SAN JOSE BLVD.
P.O. BOX 57099
JACKSONVILLE FL 32241-7099

00020700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2907383**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WELLS, CLYDE N. JR.
11100 SAN JOSE BOULEVARD
P.O. BOX 56530
JACKSONVILLE FL 32241-6530

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	D	<input type="checkbox"/> Delete
NAME	GUNTI, CONRAD J. JR	
STREET ADDRESS	1239 FRUIT COVE TERRANCE ROAD, NO	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOSH, A. RICHARDSON	
STREET ADDRESS	11251 BROCKTON PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	HOCKER, SHARON	
STREET ADDRESS	10604 SCOTT MILL ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	DO	<input type="checkbox"/> Delete
NAME	ALTERS, TIMOTHY D	
STREET ADDRESS	4500 SALISBURY RD STE 160	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLS, CLYDE N., JR	
STREET ADDRESS	11100 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DO	<input type="checkbox"/> Delete
NAME	DRUMMOND, W. JOHN	
STREET ADDRESS	1125 STOWE COTTAGE LN	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	DO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gunti, Conrad J., Jr.	
STREET ADDRESS	1239 Fruit Cove Terrace Rd. N.	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Moss S. Wells	
STREET ADDRESS	1909 University Blvd. S #205	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. Edward Minor	
STREET ADDRESS	6357 Jack Wright Island Rd.	
CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T. Dale Ferguson	
STREET ADDRESS	1172 Boone Ave.	
CITY-ST-ZIP	Kingsland, GA 31548	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James R. Giddens	
STREET ADDRESS	11565 Sedgemoore Dr. N.	
CITY-ST-ZIP	Jacksonville, Fl. 32223	

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

Feb. 10, 2000

Date

(904) 262-1000

Daytime Phone #

CR2E034 (9/99)