

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90189 025 ***150.00

DOCUMENT # J82990

1. Entity Name
FIRST BANK OF JACKSONVILLE

Principal Place of Business
**11100 SAN JOSE BLVD.
P.O. BOX 57099
JACKSONVILLE FL 32241-7099**

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



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 **John T. Avery**

Street Address (P.O. Box Number is Not Acceptable)
11100 San Jose Boulevard

P. O. Box 56530

City **Jacksonville**

FL

Zip Code
32241-6530

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, 2002 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** ☒ Delete
NAME **JENNINGS, JUDITH C**
STREET ADDRESS **2120 WHITE WING DOVE PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **P/D** ☐ Change ☒ Addition
NAME **AVERY, JOHN T.**
STREET ADDRESS **4066 LAZY HOLLOW LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **DO** ☒ Delete
NAME **ALTERS, TIMOTHY D**
STREET ADDRESS **2020 VELA NORTE CIR**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **D** ☐ Change ☒ Addition
NAME **HOYT, CHRISTOPHER**
STREET ADDRESS **4816 YACHT CLUB ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **D** ☒ Delete
NAME **WELLS, CLYDE N., JR**
STREET ADDRESS **11100 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **WELLS, ALFRED W., JR.**
STREET ADDRESS **4234 LAKESIDE DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **D** ☐ Delete
NAME **WELLS, MOSS S**
STREET ADDRESS **3122-7 LEON ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **D** ☐ Change ☒ Addition
NAME **WHEELER, R. LAMAR, JR.**
STREET ADDRESS **13842 SPARTANBURG COURT**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

John T. Avery

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

Date

904 262-1000

Daytime Phone #

CR2E034 (9/01)