

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90022 016 \*\*\*150.00

**DOCUMENT # J85568**

1. Entity Name  
**WELLS CROSSING ASSOCIATES, INC.**

Principal Place of Business <b>601 RIVERSIDE AVENUE          BUILDING II SUITE 650          JACKSONVILLE FL 32204          US</b>	Mailing Address <b>601 RIVERSIDE AVENUE          BUILDING II, SUITE 650          JACKSONVILLE FL 32204-2946          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0032152</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired: <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

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

**SHAW, RALPH L JR.  
 601 RIVERSIDE AVE.  
 BLDG II, SUITE 650  
 JACKSONVILLE FL 32204**

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

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 \_\_\_\_\_ (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**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>WINSTON, JAMES H.</b>
STREET ADDRESS	<b>4825 ORTEGA BLVD.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>SHAW, RALPH L JR.</b>
STREET ADDRESS	<b>601 RIVERSIDE AVE., BLDG II, SUITE 650</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>
TITLE	<b>AST</b> <input type="checkbox"/> Delete
NAME	<b>BROOKS, WILLIAM E.</b>
STREET ADDRESS	<b>601 RIVERSIDE AVE. BUILDING II, SUITE 650</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>SHAW, RALPH L. JR</b>
STREET ADDRESS	<b>601 RIVERSIDE AVE. BUILDING II SUITE 650</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>KOPELOUSOS, JOHN</b>
STREET ADDRESS	<b>1279 KINGSLEY AVE, SUITE 118</b>
CITY-ST-ZIP	<b>ORANGE PARK FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:** SIGNATURE REQUIRED **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: 2/4/00 Daytime Phone #: 904-358-0900

CR2E034 (9/99)