

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
05-19-2002 90027 017 \*\*\*150.00

**DOCUMENT # J90130**

1. Entity Name

**DEMETREE-PASCO PROPERTIES, INC.**

Principal Place of Business

**3740 BEACH BLVD., SUITE #300  
P.O. BOX 47050  
JACKSONVILLE FL 32207**

Mailing Address

**3740 BEACH BLVD., SUITE #300  
P.O. BOX 47050  
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2869326**

Applied For

Not Applicable

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

**DEMETREE, JACK C., JR.  
3740 BEACH BLVD.  
SUITE #300  
JACKSONVILLE FL 32207**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	DEMETREE, JACK C.	3740 BEACH BLVD #300	JACKSONVILLE FL	<input type="checkbox"/>
VTD	DEMETREE, MARK C.	3740 BEACH BLVD #300	JACKSONVILLE FL	<input type="checkbox"/>
PSD	DEMETREE, JACK C., JR.	3740 BEACH BLVD #300	JACKSONVILLE FL	<input type="checkbox"/>
VD	DEMETREE, CHRISTOPHER C.	3740 BEACH BLVD #300	JACKSONVILLE FL	<input type="checkbox"/>
V	DUNN, M. HARRIS	3740 BEACH BLVD #300	JACKSONVILLE FL	<input type="checkbox"/>
V	SCRAMM, FRED C.	3740 BEACH BLVD #300	JACKSONVILLE FL	<input type="checkbox"/>

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

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:

*Harold Dunn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

(404) 398-7350

Daytime Phone #

CR2E034 (9/01)