

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L72266

1. Entity Name

NORTH FLORIDA MARINE AT JULINGTON CREEK, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90309 010 ***150.00

Principal Place of Business

C/O MICHAEL C. RICHARDSON
5266 HIGHWAY AVE
JACKSONVILLE FL 32205

Mailing Address

C/O MICHAEL C. RICHARDSON
5266 HIGHWAY AVE
JACKSONVILLE FL 32254-3679

2. Principal Place of Business

12807 San Jose Blvd
Suite, Apt. #, etc.

3. Mailing Address

12807 San Jose Blvd
Suite, Apt. #, etc.

City & State

Jacksonville Fla

City & State

Jacksonville FL

Zip

32223

Country

US

Zip

32223

Country

US

4. FEI Number

59-3007666

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

RICHARDSON, MICHAEL C.
967 BAYSIDE BLUFF RD
JACKSONVILLE FL 32259

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

Michael C. Richardson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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 DS
NAME BELL, A. QUINN
STREET ADDRESS 815 S. MAIN ST
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

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

TITLE V
NAME RICHARDSON, MICHAEL C.
STREET ADDRESS 815 S. MAIN ST.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael C. Richardson 4/24/00 704-370-7108

CR2E034 (9/99)