2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	IFORM BUSINE	:55	REPOR	Т (Ц	JBR)	_	Apı	30, 20	UJ O	\sim	am
DOCUMENT # L73723 1. Entity Name VESTCOR FINANCIAL ASSOCIATES IV, INC.						Secretary of Sta 04-30-2003 90145 020 ***150.						
%JOHN D. R	EY ROAD, STE. 300	Mailing Address %JOHN D. ROOD 3020 HARTLEY ROAD. STE. 300 JACKSONVILLE FL 32257										
2. Principal Place of Business			3. Mailing Address				7 - 1 (400) 1911 1911 1911 1911 1911 1911 1911 1					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & Stat	ie	City & State					50-3007963			_	pplied For ot Applicable	
Zip	Country	Zip		Count	try	_	5 . C	ertificate of Sta	atus Desired		75 Add Required	
	6. Name and Address of Current	Registere	d Agent				7. N	ame and Add	ress of New Regis	tered Agen	ıt	
				ľ	Name							
FARRELL, MARK T. 3020HARTLEY ROAD					Street A	Address (P.O. Box Number is Not Acceptable)						
STE 300												
JACKSONVILLE FL 32257					City		_			FL	Zip Code	e
8. The above	named entity submits this statement for	r the purp	ose of changing its	registere	d office or	registere	ed age	nt, or both, in t	the State of Florida.	I am famil	iar with,	and accept
	tions of registered agent.	, ,		J		J	J					
SIGNATURE	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE	: Registered	d Agent signat	ure required	when rein	nstaling)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Campaign Financi	ng 🔲		0 May Be I to Fees
10.	OFFICERS AND	DIRECTO	RS	11.			ADE	DITIONS/CHAI	NGES TO OFFICER	S AND DIR	ECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROOD, JOHN D. 3020 HARTLEY ROAD, SUITE 30 JACKSONVILLE FL 32257	0	☐ Delete			3020	о , с О на		ROAD, SU	TTE 3	Change 300	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST FARRELL, MARK T. 3020 HARTLEY ROAD, STE 300 JACKSONVILLE FL 32257		☐ Delete			V FARE 3020	RELI H	L, MARK ARTLEY		X 300	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			3020	SAN, HA		ROAD, SU	ITE 3	Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MICHAT STELDED IN PROPERTY 1/14/6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

904-260-3030

Daytime Phone #

Change

☐ Addition

CR2E034 (1)