

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90137 001 ***150.00

DOCUMENT # M76372

1. Entity Name
CONIFER RIDGE, INC.



Principal Place of Business
ONE INDEPENDENT DRIVE
STE 1600
JACKSONVILLE FL 32202-1902
US

Mailing Address
ONE INDEPENDENT DRIVE
STE 1600
JACKSONVILLE FL 32202-1902
US

2. Principal Place of Business

One Independent Dr

3. Mailing Address

One Independent Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2883003**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SHIELDS, DAVID R
1 INDEPENDENT DR
SUITE 1600
JACKSONVILLE FL 32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MORRIS, SHELDON A.**
STREET ADDRESS **4196 HERSCHEL STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **DP** ☐ Delete
NAME **LOVETT, RADFORD D.**
STREET ADDRESS **1 INDEPENDENT DR STE 1600**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **VT** ☐ Delete
NAME **SHIELDS, DAVID R**
STREET ADDRESS **1 INDEPENDENT DR STE 1600**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **S** ☐ Delete
NAME **GERVIN, SYDNEY A III**
STREET ADDRESS **ONE INDEPENDENT DR STE 1600**
CITY-ST-ZIP **JACKSONVILLE FL 32202-5009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Morris, Sheldon A.**
STREET ADDRESS **1728 Kingsley Ave, Suite 101**
CITY-ST-ZIP **Orange Park, FL 32073**

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

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

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

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.

SIGNATURE:

SIGNATURE REQUIRED **David R Shields**

Date

Daytime Phone #

1-6-03 634-8808

CR2E034 (10/02)