

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90204 036 \*\*\*\*61.25

**DOCUMENT # N00000003307**

1. Entity Name

**THE KESLER MENTORING CONNECTION, INC.**

Principal Place of Business

**9700 PHILLIPS HWY STE 101  
JACKSONVILLE FL 32256**

Mailing Address

**9700 PHILLIPS HWY STE 101  
JACKSONVILLE FL 32256**

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

**59-3645144**

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

**PASS, DEBORAH S  
9700 PHILLIPS HWY STE 101  
JACKSONVILLE FL 32256**

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

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

T ☐ Delete  
NAME CUDDIHEE, GUY  
STREET ADDRESS 1 INDEPENDENT DRIVE STE 215  
CITY-ST-ZIP JACKSONVILLE FL 32205

T ☐ Delete  
NAME FALCONETTI, JOHN  
STREET ADDRESS 2472 DENNIS STREET  
CITY-ST-ZIP JACKSONVILLE FL 32205

D ☐ Delete  
NAME PASS, DEBORAH S  
STREET ADDRESS 9700 PHILLIPS HWY STE 101  
CITY-ST-ZIP JACKSONVILLE FL 32256

D ☐ Delete  
NAME QUINLAN, THOMAS E  
STREET ADDRESS 4600 BEACH BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Quinlan Thomas E, Secretary ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9700 Phillips Hwy. Ste. 102  
CITY-ST-ZIP Jacksonville, FL 32256

Director ☐ Change ☒ Addition  
NAME Charles Cromer  
STREET ADDRESS 50 N. Laura Street, Ste. 3000  
CITY-ST-ZIP Jacksonville, FL 32202

Director ☐ Change ☒ Addition  
NAME Elaine Brown  
STREET ADDRESS 117 W. Duval Street, Ste. 425  
CITY-ST-ZIP Jacksonville, FL 32202

Director ☐ Change ☒ Addition  
NAME Laurie Price  
STREET ADDRESS 4600 Beach Blvd.  
CITY-ST-ZIP Jacksonville, FL 32207

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

☐ 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 617, 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**

**4/27/01**

**1904645-9585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)