

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

0000319

DOCUMENT # N00000004302

1. Entity Name

WJCT FOUNDATION, INC.

03-05-2001 90304 032 *****70.00

Principal Place of Business

**100 FESTIVAL PARK AVENUE
 JACKSONVILLE FL 32202**

Mailing Address

**100 FESTIVAL PARK AVENUE
 JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3657546

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BOYLAN, MICHAEL T
 100 FESTIVAL PARK AVENUE
 JACKSONVILLE FL 32202**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **BOYLAN, MICHAEL T**
 STREET ADDRESS **100 FESTIVAL PARK AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

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

TITLE **D** ☐ Delete
 NAME **HARDEN, PAUL M**
 STREET ADDRESS **1301 RIVERPLACE BLVD #2601**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE **D** ☐ Delete
 NAME **DUNKLE, KURT**
 STREET ADDRESS **1301 RIVERPLACE BLVD #1500**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

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

TITLE **D** ☒ Delete
 NAME **MOORHOUSE, EDWARD**
 STREET ADDRESS **1125 PGA TOUR BLVD**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☒ Change ☐ Addition
 NAME **GRAHAM, HENRY H.**
 STREET ADDRESS **701 FISK STREET**
 CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **D** ☒ Delete
 NAME **BRIDY, WILLIAM A**
 STREET ADDRESS **4800 DEER LAKE DRIVE EAST**
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **D** ☒ Change ☐ Addition
 NAME **MANGUS, PAUL S.**
 STREET ADDRESS **50 NORTH LAURA STREET 41ST FLOOR**
 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **D** ☐ Delete
 NAME **LYON, WILFORD C JR**
 STREET ADDRESS **6730 EPPING FOREST WAY NORTH #101**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

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 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)