

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90097 004 ****61.25

DOCUMENT # N01000000340

1. Entity Name

JACKSONVILLE CIRCUIT OUTREACH COUNCIL, INC.

Principal Place of Business

Mailing Address

**12200 MCCORMICK DR
 JACKSONVILLE FL 32225**

**12200 MCCORMICK DR
 JACKSONVILLE FL 32225**

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

59-3693859

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIEWERT, DARYL A
 5093 LINCOLNSHIRE ROAD
 JACKSONVILLE FL 32217**

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 Delete
 NAME **SIEWERT, DARYL A**
 STREET ADDRESS **5093 LINCOLNSHIRE RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **WHITBY, MARGUERTA**
 STREET ADDRESS **2478-3 WHISPERING WOODS BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE Change Addition
 NAME **DUPLISEA, MEL**
 STREET ADDRESS **1580 PANTHER RIDGE COURT**
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE Delete
 NAME **JARANOWSKI, ELIZABETH B**
 STREET ADDRESS **1689 LINKSIDE CT N**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **KAPPEL, MARC A**
 STREET ADDRESS **3261 AVALON DR**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Mel Duplisa* **MEL DUPLISEA**

APRIL 9, 2002

904-538-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)