

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N04918**

1. Entity Name

THE FLORIDA NATIONAL PAVILION, INC.**FILED****Mar 13, 2001 8:00 am**
Secretary of State

03-13-2001 90068 048 ****61.25

930553

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% MARTHA J.FRASER
100 FESTIVAL PARK AVE
JACKSONVILLE FL 32202% MARTHA J.FRASER
100 FESTIVAL PARK AVE
JACKSONVILLE FL 322022. Principal Place of Business
c/o DIANE MCGIVNEY3. Mailing Address
c/o DIANE MCGIVNEYSuite, Apt. #, etc.
100 FESTIVAL PARK AVESuite, Apt. #, etc.
100 FESTIVAL PARK AVECity & State
JACKSONVILLE, FLCity & State
JACKSONVILLE, FLZip
32202

Country

Zip
32202

Country

4. FEI Number
54-2477168Applied For
Not Applicable5. 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

FRASER, MARTHA J.
100 FESTIVAL PARK AVE
JACKSONVILLE FL 32202Name
BOYLAN, MICHAEL T

Street Address (P.O. Box Number is Not Acceptable)

100 FESTIVAL PARK AVENUE

City
JACKSONVILLEFL Zip Code
32202

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORE, WILLIAM D
4154 CHELMSFORD RD
TALLAHASSEE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MOBLEY, JEANNE S.
7623 BAYMEADOWS CIR. W., #2072
JACKSONVILLE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WELLS, DAVID B
4743 CUMBERLAND COVE CT
JACKSONVILLE FL 32257 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2001

Date

904-353-7770

Daytime Phone #

CR2E037 (10/00)