

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90124 035 \*\*\*\*70.00

**DOCUMENT # N13061**

1. Entity Name

**INROADS/JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

% VERDUN P. WOODS, JR.  
 6 EAST BAY, SUITE 350  
 JACKSONVILLE FL 32202

10 S BROADWAY STE 700  
 ST LOUIS MO 63102-1734

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

**43-1381661**

Applied For

Not Applied For

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, JOHN A	
STREET ADDRESS	225 WATER ST 11TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GRAHAM, DAVID G	
STREET ADDRESS	6420 SOUTHPPOINT PKWY.	
CITY-ST-ZIP	JACKSONVILLE FL 32201	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAREAU, JEROME	
STREET ADDRESS	6061 BF GOODRICH BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	STORY, CHARLES 1	
STREET ADDRESS	315 DEADERICK ST STE 1240	
CITY-ST-ZIP	NASHVILLE TN 37238	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	JACKSON, OTIS A	
STREET ADDRESS	10 S BROADWAY STE 700	
CITY-ST-ZIP	ST LOUIS MO 63102	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLIGAN, JAMES W	
STREET ADDRESS	661 RIVERSIDE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00

615 255 7397