

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91207 015 ****61.25

DOCUMENT # N 20049
1. Entity Name SCENIC JACKSONVILLE, INC. ✓

DO NOT WRITE IN THIS SPACE

80124535

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O WILLIAM D. BRINTON Suite, Apt. #, etc. SUITE 1500 1301 RIVERPLACE BLVD., City & State JACKSONVILLE, FL Zip 32207 Country USA		3. Mailing Address C/O WILLIAM D. BRINTON Suite, Apt. #, etc. SUITE 1500 1301 RIVERPLACE BLVD., City & State JACKSONVILLE, FL Zip 32207 Country USA	
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4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name WILLIAM D. BRINTON
Street Address (P.O. Box Number is Not Acceptable)
1301 RIVERPLACE BLVD.
SUITE 1500
City JACKSONVILLE FL Zip Code 32207

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 *William D. Brinton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 6/1/02

**FEE IS \$61.25
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD INGHAM, LINDA C. 4192 CHURCHWELL ROAD JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GASSETT, S. WILLIAM 11120 W. RIVER CREEK DR. JACKSONVILLE, FL 32217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRINTON, WILLIAM D. 1835 CHALLEN AVE. JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRESCIMBENI, JOHN 5735 DICKSON ROAD JACKSONVILLE, FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William D. Brinton* WILLIAM D. BRINTON 6-1-02 904-346-5537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)