

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90543 025 \*\*\*\*61.25

**DOCUMENT # N22398**

1. Entity Name

**CONCERNED TAXPAYERS OF DUVAL COUNTY, INC.**

Principal Place of Business

Mailing Address

8250 WEYBRIDGE DRIVE  
 JACKSONVILLE FL 32244

8250 WEYBRIDGE DRIVE  
 JACKSONVILLE FL 32244

2. Principal Place of Business

3. Mailing Address

12260 Spiney Ridge Dr. S.  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Jacksonville, FL

4. FEI Number

59-2843693

Applied For

Not Applicable

Zip

Country

Zip

Country

32225 USA

32225 USA

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

DRAPER, JOHN E  
 8250 WEYBRIDGE DRIVE  
 JACKSONVILLE FL 32244

Name Johnson, Andy

Street Address (P.O. Box Number is Not Acceptable)  
 12260 Spiney Ridge Drive S.

City Jacksonville

FL

Zip Code 32225

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

John E. Draper

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

(NOTE: Registered Agent signature required when reinstating)

4/20/02

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. **EXISTING OFFICERS AND DIRECTORS**

11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE PD  
 NAME DRAPER, JOHN E ☒ Delete  
 STREET ADDRESS 8250 WEYBRIDGE DRIVE  
 CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE PD  
 NAME Johnson, Andy ☐ Change ☒ Addition  
 STREET ADDRESS 12260 Spiney Ridge Dr. S.  
 CITY-ST-ZIP Jacksonville, FL 32225

TITLE VPD  
 NAME JOHNSON, ANDY ☒ Delete  
 STREET ADDRESS 6442 FERBER RD  
 CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE VPD  
 NAME Jeffrey, George ☐ Change ☒ Addition  
 STREET ADDRESS PO Box 11622  
 CITY-ST-ZIP Jacksonville, FL 32239

TITLE SD  
 NAME MUSSELWHITE, MARK ☐ Delete  
 STREET ADDRESS 10496 OTTER CREEK DR  
 CITY-ST-ZIP JACKSONVILLE FL 32222

TITLE ☐ Change ☐ Addition

TITLE TD  
 NAME KLIPPEL, DOUG ☐ Delete  
 STREET ADDRESS 8267 PERSIMMON HILL LN  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition  
 32256

TITLE D  
 NAME FIORE, JOHN DR. ☒ Delete  
 STREET ADDRESS 4448 CHARTER POINT BLVD.  
 CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D  
 NAME Jones, Brian ☐ Change ☒ Addition  
 STREET ADDRESS 8529 Old Kings Rd S.  
 CITY-ST-ZIP Jacksonville, FL 32217

TITLE D  
 NAME JEFFREY, GEORGE ☒ Delete  
 STREET ADDRESS PO BOX 11622  
 CITY-ST-ZIP JACKSONVILLE FL 32239

TITLE D  
 NAME Draper John E. ☐ Change ☒ Addition  
 STREET ADDRESS 8250 Weybridge Dr.  
 CITY-ST-ZIP Jacksonville, FL 32244

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:

John E. Draper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 (904) 372-2324

DATE Daytime Phone #

CR2E037 (9/01)