

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90410 041 ****61.25

DOCUMENT # N25826

1. Entity Name

WELLS CROSSING ASSOCIATION, INC.



Principal Place of Business

**729 POST STREET
JACKSONVILLE FL 32204
US**

Mailing Address

**729 POST STREET
JACKSONVILLE FL 32204
US**

2. Principal Place of Business

701 Oak Street

Suite 600

Jacksonville, Fla

32204

Country

3. Mailing Address

701 Oak Street

Suite 600

Jacksonville, Fla

32204

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1322630**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHAW, R LAMAR JR
729 POST STREET
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name

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

**701 Oak Street
Suite 600**

Jacksonville

FL

32204

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WINSTON, JAMES H.**
STREET ADDRESS **645 RIVERSIDE AVE STE 619**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **STD** ☐ Delete
NAME **THORNTON, JAMES P.**
STREET ADDRESS **1301 RIVERPLACE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete
NAME **SHAW, RALPH L JR**
STREET ADDRESS **729 POST STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **701 Oak Street**
CITY-ST-ZIP **Jacksonville, Fla 32204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

4/28/03 904-358-0900

CR2E037 (10/02)