

2001 UNIFORM BUSINESS REPORT (UBR)

2/16

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-16-2001 90029 014 ****61.25

DOCUMENT # N32500

1. Entity Name

PROMISED LAND OF JACKSONVILLE, INC.

Principal Place of Business

7776 MORSE AVENUE
 JACKSONVILLE FL 32244

Mailing Address

7525 SHARBETH DR. S
 JACKSONVILLE FL 32210
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3311955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WOODY, DAVID P
 7525 SHARBETH DRIVE SOUTH
 JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

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:
FEF 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	PPD	<input type="checkbox"/> Delete
NAME	WOODY, DAVID P	
STREET ADDRESS	7525 SHARBETH ON S.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KNOWLES, EARL	
STREET ADDRESS	7429 BOB D LK RD	
CITY-ST-ZIP	JACKSONVILLE-FL 32219	
TITLE	OTD	<input type="checkbox"/> Delete
NAME	WOODY, SHARON	
STREET ADDRESS	7525 SHARBETH DRIVE S.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	RS	<input type="checkbox"/> Delete
NAME	SKIPPER, JENNY	
STREET ADDRESS	6612 ARANCIO DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 and Typed or Printed Name of Signing Officer or Director

02-18-01

Date

(904) 779-2365

Daytime Phone #

CR2E037 (10/00)