

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33914

1. Entity Name

JAXPRIDE: A COALITION FOR VISUAL ENHANCEMENT, IN



Principal Place of Business

100-B WHARFSIDE WAY
JACKSONVILLE FL 32207
US

Mailing Address

100-B WHARFSIDE WAY
JACKSONVILLE FL 32207
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2998227

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STORKERSON, LYNDA
68 PLAYERS CLUB VILLAS
PONTE VEDRA BEACH FL 32082

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: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 TSD
NAME WHITE, JAMES R ☒ Delete
STREET ADDRESS 2838 EVERHOLLY LANE
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE VD
NAME BISHOP, WILLIAM ☒ Delete
STREET ADDRESS 110 RIVERSIDE AVE
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE PD
NAME STORKERSON, LYNDA ☒ Delete
STREET ADDRESS 68 PLAYERS CLUB VILLAS
CITY-ST-ZIP PONTE VEDRA BEACH FL 32083

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TSD ☐ Change ☒ Addition
NAME Shaylene P. Bruno
STREET ADDRESS 12993 Harborton Dr
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE VD ☐ Change ☒ Addition
NAME Chad Crane
STREET ADDRESS 801 Phillips Hwy #1
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE PD ☐ Change ☒ Addition
NAME Valerie Evans
STREET ADDRESS 4237 Great Oaks Lane
CITY-ST-ZIP JACKSONVILLE FL 32207

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

Shaylene P. Bruno

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)



DO NOT WRITE IN THIS SPACE

11/11/2000