

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90042 003 \*\*\*\*61.25

**DOCUMENT # N33914**

1. Entity Name

**JAXPRIDE: A COALITION FOR VISUAL ENHANCEMENT, INC**

Principal Place of Business

Mailing Address

100-B WHARFSIDE WAY  
 JACKSONVILLE FL 32207  
 US

100-B WHARFSIDE WAY  
 JACKSONVILLE FL 32207  
 US

2. Principal Place of Business

3. Mailing Address

4401 Emerson St

4401 Emerson St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 10

# 10

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip

Country

Zip

Country

32207

USA

32207

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
 Valerie Evans

Street Address (P.O. Box Number is Not Acceptable)  
 4401 Emerson St #10

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

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD WHITE, JAMES R 2838 EVERHOLLY LANE JACKSONVILLE FL 32223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BISHOP, WILLIAM 110 RIVERSIDE AVE JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STORKERSON, LYNDIA 68 PLAYERS CLUB VILLAS PONTE VEDRA BEACH FL 32083	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Shaylene P. Bruno 13993 Harborton Dr Jacksonville FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Thad Crowe 8101 Phillips Hwy #1 Jacksonville FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Valerie Evans 4237 Great Oaks Lane Jacksonville FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, Treasurer 1/16/01 0298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)