

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47007

1. Entity Name

THE JACKSONVILLE BANKRUPTCY BAR ASSOCIATION, INC

Principal Place of Business

P.O. BOX 316  
JACKSONVILLE FL 32201-0316

Mailing Address

P.O. BOX 316  
JACKSONVILLE FL 32201-0316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3135855

Applied For

Not Applicable

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

MACDONALD, JOHN B.  
50 NORTH LAURA ST.  
SUITE 3100  
JACKSONVILLE FL 32201-4548

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

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  
D OTERO, DAVID E  
1301 RIVERPLACE BLVD., 1301  
JACKSONVILLE FL 32207 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD JACKSON, EDWARD P  
516 W ADAMS ST.  
JACKSONVILLE FL 32202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD JACKSON, EDWARD P.  
516 W. ADAMS ST.  
JACKSONVILLE, FL 32202 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D THAMES, RICHARD R  
121 W FORSYTH ST SUITE 600  
JACKSONVILLE FL 32202 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD MAHIN, BETSY COX  
1301 RIVERPLACE BLVD., #1500  
JACKSONVILLE FL 32007 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD MAHIN, BETSY COX  
1301 RIVERPLACE BLVD, #1500  
JACKSONVILLE, FL 32007 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD BURNETT, JASON  
50 N. LAURA STREET #3300  
JACKSONVILLE FL 32202 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD TESIERO, DONALD E  
50 NORTH LAURA SUITE 2225  
JACKSONVILLE FL 32202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD TESIERO, DONALD E.  
200 W. FORSYTH ST.  
JACKSONVILLE, FL 32202 ☒ Change ☐ 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: *[Signature]* REG. TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00 904-358-4000

Date

Daytime Phone #

CR2E037 (9/99)