

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N47007**

1. Entity Name

THE JACKSONVILLE BANKRUPTCY BAR ASSOCIATION, INC**FILED**
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90088 030 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 316
JACKSONVILLE FL 32201-0316P.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

Jan 24 2002**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	D	<input checked="" type="checkbox"/> Delete
NAME	OTERO, DAVID E	
STREET ADDRESS	1301 RIVERPLACE BLVD., 1301	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, EDWARD P	
STREET ADDRESS	516 W ADAMS ST.	
CITY-ST-ZIP	JACKSONVILLE-FL-32202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THAMES, RICHARD R	
STREET ADDRESS	121 W FORSYTH ST SUITE 600	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MAHIN, BESTY COX	
STREET ADDRESS	1301 RIVERPLACE BLVD., #1500	
CITY-ST-ZIP	JACKSONVILLE FL 32007	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	BURNETT, JASON	
STREET ADDRESS	50 N. LAURA STREET #3300	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TESIERO, DONALD E	
STREET ADDRESS	50 NORTH LAURA SUITE 2225	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYE R. CURRY	
STREET ADDRESS	50 N. LAURA STREET #3900	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANSING ROY	
STREET ADDRESS	1710 SHADOWOOD LANE, SUITE 210	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32207	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENISE BARNETT	
STREET ADDRESS	P.O. BOX 53315	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32201	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHA M. BROWN	
STREET ADDRESS	300 WEST ADAMS STREET #300	
CITY-ST-ZIP	JACKSONVILLE FLORIDA 32202	
TITLE	C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETSY COX	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1500	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32207	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOB BROWN	
STREET ADDRESS	50 N. LAURA STREET #2750	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32202	

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

Date

Daytime Phone #

SIGNATURE REQUIRED
Marsha M Brown
1-24-02 904-358-6465

CR2E037 (9/01)

ADDITIONS TO THE 2002 UNIFORM REPORT OF
DOCUMENT #N47007:

The Jacksonville Bankruptcy Bar Association, Inc.
P.O. Box 316
Jacksonville, Florida 32201-0316
FEI #59-3135855

BOX 11

~~ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10~~

TITLE: D	GARDNER F. DAVIS 200 LAURA STREET JACKSONVILLE, FLORIDA 32202	ADDITION
TITLE: D	EILEEN DOLAGHAN 2263 ST. JOHNS AVENUE JACKSONVILLE, FLORIDA 32204	ADDITION
TITLE: D	REHAN KHAWAJA 817 N. MAIN STREET JACKSONVILLE, FLORIDA 32202	ADDITION
TITLE: D	CHARLES MCBURNEY, JR. 1301 RIVERPLACE BLVD. #1916 JACKSONVILLE, FLORIDA 32207	ADDITION
TITLE: D	DAVID OTERO 50 N. LAURA STREET, SUITE 2750 JACKSONVILLE, FLORIDA 32202	ADDITION

Signature: Marsha M. Brown, Treasurer

(904)358-6465 x226