

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N47007

FILED
Apr 14, 2003
Secretary of State

Entity Name: THE JACKSONVILLE BANKRUPTCY BAR ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 316
JACKSONVILLE, FL 322010316

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 316
JACKSONVILLE, FL 322010316

New Mailing Address:

FEI Number: 59-3135855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACDONALD, JOHN B.
50 NORTH LAURA ST.
SUITE 3100
JACKSONVILLE, FL 322014548 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, JACOB
Address: 50 N LAURA STREET #2750
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: DAVIS, GARDNER F
Address: 200 LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: DOLAGHAN, EILEEN
Address: 2263 ST JOHNS AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: P () Delete
Name: CURRY, RAYE R
Address: 50 N LAURA STREET #3900
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP () Delete
Name: LANSING, ROY
Address: 1710 SHADWOOD LANE, SUITE 210
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: BARNETT, DENISE
Address: PO BOX 53315
City-St-Zip: JACKSONVILLE, FL 32201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BROWN, JACOB
Address: 50 N LAURA STREET #2750
City-St-Zip: JACKSONVILLE, FL 32202

Title: S (X) Change () Addition
Name: BROWN, MARSHA M
Address: P.O. BOX 4308
City-St-Zip: JACKSONVILLE, FL 32201

Title: T (X) Change () Addition
Name: DOLAGHAN, EILEEN
Address: 2263 ST JOHNS AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change () Addition
Name: CURRY, RAYE R
Address: 50 N LAURA STREET #3900
City-St-Zip: JACKSONVILLE, FL 32202

Title: P (X) Change () Addition
Name: LANSING, ROY
Address: 1710 SHADWOOD LANE, SUITE 210
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change () Addition
Name: DAVIS, MAMIE L
Address: PO BOX 4308
City-St-Zip: JACKSONVILLE, FL 32201

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. EILEEN DOLAGHAN

T

04/14/2003

Electronic Signature of Signing Officer or Director

Date