

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47236

1. Entity Name

JACKSONVILLE HOUSING PARTNERSHIP, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90022 010 ****70.00

0011101

Principal Place of Business

4401 EMERSON ST
STE 1
JACKSONVILLE FL 32207

Mailing Address

4401 EMERSON ST
STE 1
JACKSONVILLE FL 32207
US

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

59-3106875

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ETTLINGER, CAROLYN W
4401 EMERSON STREET
STE 1
JACKSONVILLE FL 32207

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

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 NAME ☒ Delete
PD
BLACK, NELSON
STREET ADDRESS
225 WATER ST, 8TH FLR
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE NAME ☒ Delete
SD
WASHINGTON, LLOYD
STREET ADDRESS
2344 SHERRINGTON STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE NAME ☐ Delete
BP
WILLIAMS, WALTER
STREET ADDRESS
445 SR 13 N STE 6B
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE NAME ☒ Delete
TD
LEMMON, TOM
STREET ADDRESS
9000 SOUTHSIDE BLVD FL9-700-02-12
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE NAME ☐ Delete
VD
SHEU, WILLIAM
STREET ADDRESS
1301 RIVERPLACE BLVD STE 500
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☒ Addition
TD
Michael Duclos
STREET ADDRESS
6111 N. Gazebo Park Place
CITY-ST-ZIP Jacksonville FL 32257

TITLE NAME ☐ Change ☒ Addition
SD
Dwayne Stevens
STREET ADDRESS
9786 Beaver St.
CITY-ST-ZIP Jacksonville FL 32220

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

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

4/24/01 804 324 2350