

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47236

1. Entity Name

JACKSONVILLE HOUSING PARTNERSHIP, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90706 001 *****8.75

05-12-2002 90706 002 *****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3106875

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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 ☒
STREET ADDRESS ☒
CITY-ST-ZIP ☒
TD
DUCLOS, MICHAEL ☐ Delete
6111 N. GAZABO PARK PL
JACKSONVILLE FL 32257

TITLE ☒ NAME ☒
STREET ADDRESS ☒
CITY-ST-ZIP ☒
SD
STEVENS, DWAIN ☐ Delete
9786 BEAVER ST
JACKSONVILLE FL 32220

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ NAME ☒
STREET ADDRESS ☒
CITY-ST-ZIP ☒
D
Tripp Gulliford
121 W. Forsyth St, Ste. 200
Jacksonville FL 32202

TITLE ☐ NAME ☒
STREET ADDRESS ☒
CITY-ST-ZIP ☒
D
Jeff Stiles
8001 Baymeadows Way
Jacksonville FL 32256

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

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

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

TITLE ☐ NAME ☐
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR TRUSTEE

4/24/02 (904) 398-4424

CR2E037 (9/01)