

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90006 013 ****61.25

DOCUMENT # N93000001676

1. Entity Name

FOURTH JUDICIAL CIRCUIT CITIZENS REVIEW ADVISORY BOARD, INC.

Principal Place of Business

Mailing Address

220 EAST BAY STREET
 SUITE 601
 JACKSONVILLE FL 32207
 US

220 E BAY ST
 SUITE 601
 JACKSONVILLE FL 32202
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3201304

Applied For

Not Applicable

Zip

32202

Country

Zip

Country

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

PITTMAN, JEANNE R
220 E BAY ST
SUITE 601
JACKSONVILLE FL 32202

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 **VD** Delete
 NAME **SHEILDS, PAULA**
 STREET ADDRESS **220 E BAY ST., UNIT 601**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **MIDDLETON, JEANNE**
 STREET ADDRESS **220 E BAY ST., UNIT 601**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **LUDLOW, JEAN**
 STREET ADDRESS **220 E BAY ST., UNIT 601**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **M** Delete
 NAME **PITTMAN, JEANNE R**
 STREET ADDRESS **220 E BAY ST., UNIT 601**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **CATALYN, CYNTHIA**
 STREET ADDRESS **220 E BAY ST., UNIT 601**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **TD** Change Addition
 NAME **Brackenridge, Herbert**
 STREET ADDRESS **220 East Bay Street, Unit 601**
 CITY-ST-ZIP **Jacksonville, Fl 32202**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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:

Jeanne R. Pittman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeanne R. Pittman 1/16/02 (904) 630-1760
 Date Daytime Phone #

CR2E037 (9/01)