

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001106

1. Entity Name

JUNIOR ACHIEVEMENT OF FLORIDA'S FIRST COAST, INC

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90042 007 ****61.25

Principal Place of Business

10245 CENTURION PKWY N
108
JAX FL 32256
US

Mailing Address

10245 CENTURION PKWY N
108
JAX FL 32207-2568
US

2. Principal Place of Business

1801 Art Museum Dr

3. Mailing Address

1801 Art Museum Dr

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Jacksonville FL

City & State

Jacksonville, FL

Zip

32207

Country

USA

Zip

32207

Country

USA

4. FEI Number

59-1021800

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

MULLALLY, KAREN A
10245 CENTURION PKWY N
STE 108
PAX FL 32256

7. Name and Address of New Registered Agent

Name Karen A. Jones

Street Address (P.O. Box Number is Not Acceptable)

1801 Art Museum Drive

Suite 101

City

Jacksonville

FL

Zip Code

32207

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, word 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 P ☐ Delete
NAME MULLALLY, KAREN A
STREET ADDRESS 10245 CENTURION PKWY., N. STE 108
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☒ Delete
NAME JOHNSON, J
STREET ADDRESS 601 RIVERSIDE AVE
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE D ☐ Delete
NAME STROM, J
STREET ADDRESS 50 LAURA ST, STE 3000
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☒ Delete
NAME MORRISON, N
STREET ADDRESS 4190 BELFORT RD, STE 475
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ Delete
NAME WATKINS, DEBRA
STREET ADDRESS 7301 BAYMEADOWS WAY
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ Delete
NAME SANDLIN, ROB
STREET ADDRESS 155 E 21ST STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition
NAME Karen A. Jones
STREET ADDRESS 1801 Art Museum Drive, Suite 101
CITY-ST-ZIP Jacksonville, FL 32207

TITLE Director ☐ Change ☒ Addition
NAME LOCK Ireland
STREET ADDRESS 3060 LEON ROAD, Suite 202
CITY-ST-ZIP Jacksonville, FL 32246

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

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Fred McGinnis
STREET ADDRESS 112 W. Adams St. Suite 902
CITY-ST-ZIP Jacksonville FL 32202

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen A. Jones

3/31/00 (904) 398-9944

Date

Daytime Phone #

CR2E037 (9/99)