

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004998

1. Entity Name

ENTERPRISE NORTH FLORIDA CORPORATION

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90003 033 ****61.25

Principal Place of Business 7400 BAYMEADOWS WAY STE 201 JACKSONVILLE FL 32256 US	Mailing Address 7400 BAYMEADOWS WAY STE 201 JACKSONVILLE FL 32256-6800 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3333217	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, PAMELA
50 NORTH LAURA STREET
STE 2808
JACKSONVILLE FL 32202

Name Alan W. Rossiter
Street Address (P.O. Box Number is Not Acceptable) 7400 BAYMEADOWS WAY Suite 201
City JACKSONVILLE FL Zip Code 32256

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  (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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHENEY, ANDREW B 50 NORTH LAURA ST 24TH FLOOR JACKSONVILLE FL 32202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSSITER, ALAN W 10401 DEERWOOD PARK BLVD. JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKSON, CHARLES 3100 UNIVERSITY BLVD, STE 200 JACKSONVILLE FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSSELLS, WALT 21 W CHURCH ST JACKSONVILLE FL 32202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLOT, JERRY THREE INDEPENDANT DR JACKSONVILLE FL 32073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWENCK, PRICE 225 WATER ST, 2ND FLOOR JACKSONVILLE FL 32202 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C James G. McCallum 301 W. Bay Street Suite 300 JACKSONVILLE, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rossiter, Alan W. 7400 Baymeadows Way Suite 201 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARL CANNON PO BOX 1949 JACKSONVILLE, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

1/4/00 904/730-4700

CR2E037 (9/99)