

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N94000005866**

1. Entity Name

**EXECUTIVE WAY ASSOCIATION, INC.**

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90004 034 \*\*\*\*61.25

Principal Place of Business 1600 INDEPENDENT SQUARE JACKSONVILLE FL 32202 US	Mailing Address 1600 INDEPENDENT SQUARE JACKSONVILLE FL 3202 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>59-3309550</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**SIMON, BERT C**  
**1660 PRUDENTIAL DRIVE**  
**SUITE 203**  
**JACKSONVILLE FL 32207**

**7. Name and Address of New Registered Agent**

Name: **Randall Whitfield**  
 Street Address (P.O. Box Number is Not Acceptable):  
**13947-210 Beach Boulevard**  
 City: **Jacksonville** **FL** Zip Code: **32224**

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**  
**After September 13, 2000 min. will be \$236.25**

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	DP GERVIN, SYD 1600 INDEPENDENT SQUARE JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KREIS, ROBERT 1600 INDEPENDENT SQUARE JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LOVETT, W. RADFORD II 1600 INDEPENDENT SQUARE JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Randall Whitfield 13947-210 Beach Boulevard Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Mitchell Rhodes -9540-San Jose Boulevard Jacksonville, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Murray A. Lewis 6821 Southpoint Drive, N. Suite 135 Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D A. Chester Skinner, III 6271-24 St. Augustine Rd. #324 Jacksonville, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perry Bruner 13947-210 Beach Boulevard Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" 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 Randall Whitfield DATE 7/20/00 (904) 992-9000

CR2E037 (5/00)