

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004737

1. Entity Name

FCCJ FOUNDATION REAL ESTATE HOLDING, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90068 024 ****61.25

Principal Place of Business

Mailing Address

501 WEST STATE STREET
JACKSONVILLE FL 32202

501 WEST STATE STREET
JACKSONVILLE FL 32202-4086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3343207

Applied For

Not Applicable

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

CHRITTON, J. KIRBY
1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE FL 32207

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 D ☒ Delete
NAME RUPPEL, ART
STREET ADDRESS 501 WEST STATE STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☐ Change ☒ Addition
NAME BARNES, KIMBERLY K.
STREET ADDRESS 501 WEST STATE STREET
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D ☐ Delete
NAME ZELL, DONALD
STREET ADDRESS 50 NORTH LAURA STREET, SUITE 2500
CITY-ST-ZIP JACKSONVILLE FL 32202

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

TITLE D ☐ Delete
NAME CHRITTON, J. KIRBY
STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 1500
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE D ☐ Delete
NAME SMITH, V. HAWLEY JR
STREET ADDRESS ONE SAN JOSE PLACE
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Kimberly K. Barnes* **Interim Executive Director** 4/24/00 (904) 632-3357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)