

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004737

1. Entity Name

FCCJ FOUNDATION REAL ESTATE HOLDING, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90244 022 ****61.25

Principal Place of Business

501 WEST STATE STREET
JACKSONVILLE FL 32202

Mailing Address

501 WEST STATE STREET
JACKSONVILLE FL 32202

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

7. Name and Address of New Registered Agent

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DARYLE C. HOLBROOK
501 WEST STATE STREET
JACKSONVILLE, FL 32202 ☐ Change ☒ Addition

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

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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: Daryle C. Holbrook DARYLE C. HOLBROOK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

(904) 632-3357

Daytime Phone #

CR2E037 (10/00)