

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90092 027 ****61.25

DOCUMENT # N95000004737

1. Entity Name

FCCJ FOUNDATION REAL ESTATE HOLDING, INC.



Principal Place of Business

**501 WEST STATE STREET
JACKSONVILLE FL 32202**

Mailing Address

**501 WEST STATE STREET
JACKSONVILLE FL 32202**

22004074



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

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition
NAME **ROSSITER, ALAN**
STREET ADDRESS **4905 BELFORT RD, SUITE 110**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

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

TITLE **D** ☐ Change ☒ Addition
NAME **KEVIN F. DELANEY**
STREET ADDRESS **9428 BAYMEADOWS RD, SUITE 580**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

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 **D** ☐ Delete
NAME **HOLBROOK, DARYLE C**
STREET ADDRESS **501 WEST STATE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

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 *Daryle C. Holbrook* **DARYLE C. HOLBROOK**

1/6/03 (904) 632-3357

CR2E037 (10/02)