

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/21

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90127 043 \*\*\*\*61.25

**DOCUMENT # N98000000079**

1. Entity Name

**JACKSONVILLE WEED AND SEED, INC.**

Principal Place of Business

Mailing Address

1093 WEST 6TH STREET  
 JACKSONVILLE FL 32209

1093 WEST 6TH STREET  
 JACKSONVILLE FL 32209-6445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**#59-3585584**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**APPLIED FOR**

☒ 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

**WEED AND SEED**  
**1093 W. 6TH STREET**  
**JACKSONVILLE FL 32209**

Name

**Chris A. Murphy**

Street Address (P.O. Box Number is Not Acceptable)

**429 Lin wood Avenue**

**JACKSONVILLE**

City

**FL**

Zip Code  
**32206**

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

*Chris A. Murphy*

**PROGRAM COORDINATOR**

**January 12, 2000**

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW:**  
**FEES ARE \$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	D KERR, DIANE 2893 EDISON AVE. JACKSONVILLE FL 32254	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BODDIE, FATHER JAMES 2110 BLUE AVE. JACKSONVILLE FL 32209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GREEN, WILLIE 1905 DURKEE DR. E. JACKSONVILLE FL 32209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HENSLEY, BRYAN 117 W. DUVAL ST-STE 210 JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKERSON, PAUL 555 STOCKTON ST. JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, LLOYD 2344 SHERRINGTON ST. JACKSONVILLE FL 32209	<input type="checkbox"/> Delete

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
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:

*Chris A. Murphy*  
**CHRIS A. MURPHY**

(Signature and typed or printed name of signing officer or director)

**January 12, 2000 (904) 630-0689**

Date

Daytime Phone #

CH2E037 (9/99)