

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90335 019 \*\*\*\*\*61.25

8291106

**DOCUMENT # N98000004675**

1. Entity Name

**SMOKE-FREE JACKSONVILLE COALITION, INC.**

Principal Place of Business

**900 UNIVERSITY BLVD.  
 JACKSONVILLE FL 32211**

Mailing Address

**900 UNIVERSITY BLVD.  
 JACKSONVILLE FL 32211**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3533927**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**TOUSEY, CLAY B  
 1 INDEPENDENT DR., STE. 2600  
 JACKSONVILLE FL 32202**

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	<b>TP</b> <b>FULLER, JR, A. ROY</b> <b>6900 SOUTHPOINT DR N STE 550</b> <b>JACKSONVILLE FL 32216</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARDINAL, AINSLEY</b> <b>P.O. BOX 8127 N/A</b> <b>JACKSONVILLE FL 32239</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAYS, STAR</b> <b>5851 ST. AUGUSTINE RD.</b> <b>JACKSONVILLE FL 32207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHAW, DEAN Gibson, Louise</b> <b>1800 BARRS ST.</b> <b>JACKSONVILLE FL 32203</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOWLES, KATHY</b> <b>1701 PRUDENTIAL DR., 3RD FLOOR</b> <b>JACKSONVILLE FL 32207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOODS, ROBERT</b> <b>900 UNIVERSITY BLVD. N.</b> <b>JACKSONVILLE FL 32211</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>LYNNETTE KENNISON, C/O Mayo Clinic</b> <b>4500 SAN PABLO RD</b> <b>JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PM</b> <b>JAN TIPTON</b> <b>2051 SAN PABLO ROAD</b> <b>JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DANIEL WYNN</b> <b>1785 EDGEWOOD AVE.S.</b> <b>JACKSONVILLE, FL 32205</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Lisa Goldstein</b> <b>5043 ARAPAHOE AVE</b> <b>JACKSONVILLE, FL 32210</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Dale Bell</b> <b>1701 Prudential DR., 3rd Floor</b> <b>JACKSONVILLE, FL 32207</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Diane Greene C/O BC/BS</b> <b>3562 Hedrick Street</b> <b>JACKSONVILLE, FL 32205</b>	<input type="checkbox"/> Change <input checked="" 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**A. Roy Fuller, Jr.**

Date

**4-16-01 904-296-0875**

Daytime Phone #

CR2E037 (10/00)