

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2002 8:00 am
Secretary of State**

05-02-2002 90077 036 ****61.25

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****7. Name and Address of New Registered Agent****TOUSEY, CLAY B
1 INDEPENDENT DR., STE. 2600
JACKSONVILLE FL 32202**

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 \$61.259. 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 **TD** ☐ Delete
NAME **FULLER, JR, A. ROY**
STREET ADDRESS **6900 SOUTHPOINT DR N STE 550**
CITY-ST-ZIP **JACKSONVILLE FL 32216**TITLE **Director** ☐ Change ☒ Addition
NAME **Patti Seeber**
STREET ADDRESS **208 Canton Ave., Suite 230**
CITY-ST-ZIP **Jacksonville, FL 32279**TITLE **DRS** ☒ Delete
NAME **CARDINAL, AINSLEY**
STREET ADDRESS **P.O. BOX 8127 N/A**
CITY-ST-ZIP **JACKSONVILLE FL 32239**TITLE **Director** ☐ Change ☒ Addition
NAME **Sarah Brozovich**
STREET ADDRESS **5526 Arlington Road**
CITY-ST-ZIP **Jacksonville, FL 32211**TITLE **D** ☐ Delete
NAME **HAYS, STAR**
STREET ADDRESS **5851 ST. AUGUSTINE RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**TITLE **Officer** ☐ Change ☒ Addition
NAME **Lynnette Kennison**
STREET ADDRESS **4500 San Pablo Road**
CITY-ST-ZIP **Jacksonville, FL 32224**TITLE **D** ☒ Delete
NAME **SHAW, DEAN**
STREET ADDRESS **1800 BARRS ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32203**TITLE **Officer** ☐ Change ☒ Addition
NAME **Lisa Goldstein**
STREET ADDRESS **5043 Arapahoe Ave.**
CITY-ST-ZIP **Jacksonville, FL 32210**TITLE **D** ☐ Delete
NAME **BOWLES, KATHY**
STREET ADDRESS **1701 PRUDENTIAL DR., 3RD FLOOR**
CITY-ST-ZIP **JACKSONVILLE FL 32207**TITLE **Officer** ☐ Change ☒ Addition
NAME **Nicole Coulliette**
STREET ADDRESS **900 University Blvd., N., Suite 205**
CITY-ST-ZIP **Jacksonville, FL 32211**TITLE **D** ☐ Delete
NAME **WOODS, ROBERT**
STREET ADDRESS **900 UNIVERSITY BLVD. N.**
CITY-ST-ZIP **JACKSONVILLE FL 32211**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-02 904-296-0875

CR2E037 (9/01)