

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90344 022 ****61.25

DOCUMENT # N99000006028

1. Entity Name

THE PROSSER HALLOCK TEKIE FOUNDATION, INC.

Principal Place of Business

**8101 PHILLIPS HWY.,STE.1
 JACKSONVILLE FL 32256**

Mailing Address

**8101 PHILLIPS HWY.,STE.1
 JACKSONVILLE FL 32256**

725785



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13901 Sutton Park Dr. S.

3. Mailing Address

13901 Sutton Park Dr. S.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3603408

Applied For

Not Applicable

Zip

32224

Country

USA

Zip

32224

Country

USA

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

**PROSSER, RICHARD C
 8101 PHILLIPS HWY.,STE.1
 JACKSONVILLE FL 32256**

Name

Prosser, Richard C

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

13901 Sutton Park Dr. S.

Suite 200

City

Jacksonville

FL

Zip Code
32224

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **PROSSER, RICHARD C**
 STREET ADDRESS **8101 PHILLIPS HWY.,STE.1**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☒ Change ☐ Addition
 NAME **Prosser, Richard C**
 STREET ADDRESS **13901 Sutton Park Dr. S., Suite 200**
 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE **D** ☐ Delete
 NAME **HOLLOCK, PETER C**
 STREET ADDRESS **8101 PHILLIPS HWY.,STE.1**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☒ Change ☐ Addition
 NAME **Hallock, Peter C**
 STREET ADDRESS **13901 Sutton Park Dr. S., Suite 200**
 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE **D** ☐ Delete
 NAME **O'CONNER, BERNARD**
 STREET ADDRESS **8101 PHILLIPS HWY.,STE.1**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☒ Change ☐ Addition
 NAME **O'Connor, Bernard**
 STREET ADDRESS **13901 Sutton Park Dr. S., Suite 200**
 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Hallock, Director 3/01/01 904-739-3655

Date

Daytime Phone #

CR2E037 (10/00)