

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NP 0000 06794**

1. Entity Name

Preservation Project Jacksonville, Inc.

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90005 043 ****61.25

Principal Place of Business
117 West Duval Street
Suite 400
Jacksonville, FL 32202

Mailing Address
117 West Duval Street
Suite 400
Jacksonville, FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3614354

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F&L Corp.
200 Laura Street
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 \$61.25

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 John Delaney P/D's ☐ Delete
NAME 117 West Duval Street, Suite 400
STREET ADDRESS Jacksonville, FL 32202
CITY-ST-ZIP

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

TITLE Thomas Petway D ☐ Delete
NAME 117 West Duval Street, Suite 400
STREET ADDRESS Jacksonville, FL 32202
CITY-ST-ZIP

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

TITLE Shari Shuman T/D ☐ Delete
NAME 117 West Duval Street, Suite 400
STREET ADDRESS Jacksonville, FL 32202
CITY-ST-ZIP

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

TITLE Susan Wiles V ☐ Delete
NAME 117 West Duval Street, Suite 400
STREET ADDRESS Jacksonville, FL 32202
CITY-ST-ZIP

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

TITLE Richard Mullaney S ☐ Delete
NAME 117 West Duval Street, Suite 400
STREET ADDRESS Jacksonville, FL 32202
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: Richard A. Mullaney Richard Mullaney

6-5-00 984 630 1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)