

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90160 040 ****61.25

DOCUMENT # N99000006794

1. Entity Name

PRESERVATION PROJECT JACKSONVILLE, INC.

Principal Place of Business

117 WEST DUVAL STREET
SUITE 400
JACKSONVILLE FL 32202

Mailing Address

117 WEST DUVAL STREET
SUITE 400
JACKSONVILLE FL 32202

00052060



DO NOT WRITE IN THIS SPACE

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

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

Karen M. Chastain

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

117 West Duval Street

Suite 480

City

Jacksonville

FL

Zip Code

32202

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

Karen M. Chastain

2-17-01

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 DELANEY, JOHN
STREET ADDRESS 117 WEST DUVAL STREET SUITE 400
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D/V ☐ Change ☒ Addition
NAME Audrey Moran
STREET ADDRESS 117 West Duval Street, Suite 400
CITY-ST-ZIP Jacksonville, FL 32202

TITLE D ☐ Delete
NAME DELANEY, JOHN
STREET ADDRESS 117 WEST DUVAL STREET SUITE 400
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D/P ☒ Change ☐ Addition
NAME John Delaney
STREET ADDRESS 117 West Duval Street, Suite 400
CITY-ST-ZIP Jacksonville, FL 32202

TITLE D ☐ Delete
NAME SHUMAN, SHARI
STREET ADDRESS 117 WEST DUVAL STREET SUITE 400
CITY-ST-ZIP JACKSONVILLE FL 32202

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/V ☐ Change ☒ Addition
NAME Mark Middlebrook
STREET ADDRESS 117 West Duval Street Suite 400
CITY-ST-ZIP Jacksonville, FL 32202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/S ☐ Change ☒ Addition
NAME Richard Mullaney
STREET ADDRESS 117 West Duval Street, Suite 400
CITY-ST-ZIP Jacksonville, FL 32202

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:

SIGNATURE REQUIRED

3/1/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)