

ANNUAL REPORT

DOCUMENT # P00000097163

1. Entity Name
ARB OF JACKSONVILLE, INC.



FILED
Apr 23, 2004 08:00 AM
Secretary of State

Principal Place of Business
8221-9 SOUTHSIDE BLVD
JACKSONVILLE, FL 32256

Mailing Address
8221-9 SOUTHSIDE BLVD
JACKSONVILLE, FL 32256



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3680883

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLD, KATHLEEN H
ONE INDEPENDENT DR, SUITE 2301
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000127231

04/23/04-80054-020 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME BURROUGHS, ANNE R
STREET ADDRESS 10019 LEISURE LANE NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: *X Anne Burroughs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #