

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90135 043 \*\*\*150.00

0036793  
AV

**DOCUMENT # P00000115995**



1. Entity Name  
**NAVIGY, INC.**

Principal Place of Business  
**4800 DEERWOOD CAMPUS PKWY  
SUITE 100-7TH FLOOR  
JACKSONVILLE FL 32246-8273**

Mailing Address  
**4800 DEERWOOD CAMPUS PKWY  
SUITE 100-7TH FLOOR  
JACKSONVILLE FL 32246-8273**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3688055**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**JOLLY, AREZOU C  
4800 DEERWOOD CAMPUS PKWY  
BLDG 100 7TH FLOOR  
JACKSONVILLE FL 32246-8273**

**7. Name and Address of New Registered Agent**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DC	<input type="checkbox"/> Delete
NAME	GRANTHAM, L. JOSEPH	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32246-8273	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STAMATOIANNAKI, NICKLAS E	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32246-8273	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOLLY, AREZOU C	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32246-8273	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALL, ROBERT	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32246-8273	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SCHWENNESEN, WILLIAM A	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32246-8273	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOERR, R. CHRIS	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32246-8273	

TITLE	Director (Vice-Chairperson) and Chief Executive Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Signature of William A Schwennesen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 (904) 905-6024  
Date Daytime Phone #

CR2E034 (10/02)

Attachment  
# 20000115995

NAMES AND ADDRESSES OF ADDITIONAL 10098208  
DIRECTORS AND OFFICERS

DIRECTOR

ADDRESS

Michael Cascone, Jr., Chairperson

4800 Deerwood Campus Parkway  
Jacksonville, Florida 32246-8273

Bruce N. Bagni

4800 Deerwood Campus Parkway  
Jacksonville, Florida 32246-8273

Dr. Robert Lufrano

4800 Deerwood Campus Parkway  
Jacksonville, Florida 32246-8273

OFFICER

ADDRESS

Jill M. Gleeson, President/Chief Operating Officer

4800 Deerwood Campus Parkway  
Jacksonville, Florida 32246-8273