

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90346 010 ***150.00

003625 AV

DOCUMENT # P01000001260

1. Entity Name
JACKSONVILLE PROPERTIES HOLDING CORP.

Principal Place of Business **Mailing Address**
 10151 DEERWOOD PARK BLVD BUILDING 100 S#410 10151 DEERWOOD PARK BLVD BUILDING 100 S#410
 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **Applied For**
 52-2285468 Not Applicable

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

6. Name and Address of Current Registered Agent

SHARON ROBERTS HENDERSON, P.A.
50 NORTH LAURA STREET SUITE 3300
JACKSONVILLE FL 32202

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pres, D
STREET ADDRESS	Lazar S. Finker
CITY-ST-ZIP	10151 Deerwd Pk Blvd, B-100 S#410 Jacksonville, FL 32256
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP, D
STREET ADDRESS	Theodoros I. Kavalieros
CITY-ST-ZIP	10151 Deerwd Pk Blvd, B-100 S#410 Jacksonville, FL 32256
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP, D
STREET ADDRESS	Raissa M. Frenkel
CITY-ST-ZIP	10151 Deerwd Pk Blvd, B-100 S#410 Jacksonville, FL 32256
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sect, D
STREET ADDRESS	Steven C. Koegler
CITY-ST-ZIP	10151 Deerwd Pk Blvd, B-100 S#410 Jacksonville, FL 32256
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASect, D
STREET ADDRESS	Steven M. Sisselman
CITY-ST-ZIP	10151 Deerwd Pk Blvd, B-100 S#410 Jacksonville, FL 32256
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **Secretary, 4/8/02 904-996-8800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)