

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000001260**

1. Entity Name  
**JACKSONVILLE PROPERTIES HOLDING CORP.**



Principal Place of Business  
10151 DEERWD PK BLVD. B-100 S410  
JACKSONVILLE FL 32256

Mailing Address  
10151 DEERWD PK BLVD. B-100 S410  
JACKSONVILLE FL 32256

2. Principal Place of Business  
**9995 Gate Parkway**

Suite, Apt. #, etc.  
**Suite 400**

City & State  
**Jacksonville, FL**

Zip **32246** Country **USA**

3. Mailing Address  
**9995 Gate Parkway**

Suite, Apt. #, etc.  
**Suite 400**

City & State  
**Jacksonville, FL**

Zip **32246** Country **USA**

4. FEI Number  
**52-2285468**

Applied For  
Not Applicable

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 **RAX Co. Attn: Daniel B. Nunn, Jr.**

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

**50 N. Laura Street, Suite 3300**

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

*Rax Co.*

SIGNATURE *By: Noor*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/19/03**

DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD FINKER, LAZAR S 10151 DEERWD PK BLVD., B-100 S#410 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9995 Gate Parkway, Ste 400 Jackosnville, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAVALIEROS, THEODOROS I 10151 DEERWD PK BLVD., B-100 S#410 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9995 Gate Parkway, Ste 400 Jacksonville, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRENKEL, RAISSA M 10151 DEERWD PK BLVD., B-100 S#410 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9995 Gate Parkway, Ste 400 Jacksonville, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOEGLER, STEVEN C 10151 DEERWD PK BLVD., B-100 S#410 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9995 Gate Parkway, Ste 400 Jacksonville, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SISSELMAN, STEVEN M 10151 DEERWD PK BLVD., B-100 S#410 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9995 Gate Parkway, Ste 400 Jacksonville, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *By: Noor* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary **2/19/03 (904) 996-8800**

Daytime Phone #

Evening Phone #

**FILED  
Mar 11, 2003 8:00 am  
Secretary of State**

03-11-2003 90132 019 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)