

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-11-2003 90132 019 ***150.00

DOCUMENT # P01000001260

1. Entity Name

JACKSONVILLE PROPERTIES HOLDING CORP.



Principal Place of Business

**10151 DEERWD PK BLVD., B-100 S#410
JACKSONVILLE FL 32256**

Mailing Address

**10151 DEERWD PK BLVD., B-100 S#410
JACKSONVILLE FL 32256**

2. Principal Place of Business

**9995 Gate Parkway
Suite, Apt. #, etc.
Suite 400**

3. Mailing Address

**9995 Gate Parkway
Suite, Apt. #, etc.
Suite 400**

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32246

Country

USA

Zip

32246

Country

USA

4. FEI Number

52-2285468

Applied For

☐ 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

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.

SIGNATURE *Rax Co.*

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

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	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	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	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	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		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9995 Gate Parkway, Ste 400 Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9995 Gate Parkway, Ste 400 Jacksonville, FL 32246
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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 an other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #

CR2E034 (10/02)