

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

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91014 036 \*\*\*150.00

DOCUMENT # P01000050883

1. Entity Name

JACKSONVILLE INSTITUTE, INC.

**DO NOT WRITE IN THIS SPACE**

94081306

2. Principal Place of Business

2322 Richard Lee Street

Suite, Apt. #, etc.

3. Mailing Address

2322 Richard Lee Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORANGE PARK, FLORIDA

City & State

ORANGE PARK, FLORIDA

4. FEI Number

59-3722506

Applied For

Not Applicable

Zip

32079

Country

U.S.A.

Zip

32073

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ATTY. Jeff Ludwig

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

5150 BELFORT ROAD, SOUTH

City

JACKSONVILLE

FL

Zip Code

32256

**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.

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**OFFICERS AND DIRECTORS**

TITLE PRESIDENT  
NAME LLOYD AMOR  
STREET ADDRESS 2322 Richard Lee Street  
CITY-STATE-ZIP ORANGE PARK, FL 32073

TITLE SECRETARY - TREASURER  
NAME DONITA AMOR  
STREET ADDRESS 2322 Richard Lee Street  
CITY-STATE-ZIP ORANGE PARK, FL 32073

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lloyd M. Amor  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04  
Date

904/375-1028  
Device Phone #