

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-17-2003 90060 014 ***150.00

DOCUMENT # P02000032889

1. Entity Name

COMMITTEE TO PRESERVE A BETTER JACKSONVILLE, INC



Principal Place of Business

**101 EAST UNION STREET SUITE 200
JACKSONVILLE FL 32202**

Mailing Address

**101 EAST UNION STREET SUITE 200
JACKSONVILLE FL 32202**

2. Principal Place of Business

2 David Street

Suite, Apt. #, etc.

Suite C

City & State

Ft. Walton Beach FL

Zip

32547

Country

USA

3. Mailing Address

101 East Union St

Suite, Apt. #, etc.

#200

City & State

Jacksonville FL

Zip

32202

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FSI Number

Applied For

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, NOEL G

101 EAST UNION STREET SUITE 200

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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: **President/Director** ☐ Delete
NAME: **Roy L. Campbell**
STREET ADDRESS: **2 David Street, Suite C**
CITY-ST-ZIP: **Ft. Walton Beach, FL 32547**

TITLE: **Director** ☐ Delete
NAME: **Tarrell L. Mock**
STREET ADDRESS: **521 James Street**
CITY-ST-ZIP: **Jacksonville, FL 32254**

TITLE: **Director** ☐ Delete
NAME: **Lathan Turner**
STREET ADDRESS: **8116 Chaucer Court**
CITY-ST-ZIP: **Jacksonville, FL 32244**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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 X

SIGNATURE

ROY L. CAMPBELL

3/12/03

904 349 5381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)