

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90050 046 ***150.00

DOCUMENT # P93000000465

1. Entity Name

NORTH FLORIDA REGION, INC.

Principal Place of Business

~~112 W ADAMS~~ **1760 Shadowood**
~~#1020~~ **#408**
~~JACKSONVILLE FL 32202~~
~~US~~ **32207**

Mailing Address

~~112 W ADAMS~~ **1760 Shadowood**
~~#1020~~ **#408**
~~JACKSONVILLE FL 32202~~
~~US~~ **32207**

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 **59-3155590**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKINNEY, MARVIN E. J.

~~112 W ADAMS STREET~~ **1760 Shadowood**
~~SUITE 1409~~ **#408**
~~JACKSONVILLE FL 32202~~
~~32207~~

Name

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 **MARVIN E. MCKINNEY**
 Signature, typed or printed name of registered agent and title if applicable.

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

DATE

5-01-01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPC**
 NAME **MCKINNEY, MARVIN**
 STREET ADDRESS **628 W SURF SPICE AVE**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARVIN MCKINNEY

5-1-01

(904) 396-8022

CR2E034 (10/00)