

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000015262

1. Entity Name

RESERVE CORPORATION

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90288 001 ***158.75

Principal Place of Business

Mailing Address

4500 SALISBURY ROAD
JACKSONVILLE FL 32216

4500 SALISBURY ROAD
JACKSONVILLE FL 32216-0969

657100

2. Principal Place of Business

7500 Centurion Pkwy

Suite, Apt. #, etc.

Ste 100

City & State

Jacksonville, FL

Zip

32256

Country

Duval

3. Mailing Address

7500 Centurion Pkwy

Suite, Apt. #, etc.

Ste 100

City & State

Jacksonville, FL

Zip

32256

Country

Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3168877

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE AS
NAME ECKERT, A K
STREET ADDRESS 1 JOHNSON & JOHNSON PLAZA
CITY-ST-ZIP NEW BRUNSWICK NJ 08933 ☐ Delete

TITLE AS
NAME STERN, S
STREET ADDRESS 1 JOHNSON & JOHNSON PLAZA
CITY-ST-ZIP NEW BRUNSWICK NJ 08933 ☒ Delete

TITLE O
NAME MEEK, GERALD R
STREET ADDRESS 4500 SALISBURY RD, #574
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE AS
NAME REILLY, M.P.
STREET ADDRESS 1 JOHNSON & JOHNSON PLAZA
CITY-ST-ZIP NEW BRUNSWICK NJ 08933 ☐ Delete

TITLE O
NAME CALLAHAN, J M
STREET ADDRESS 4500 SALISBURY ROAD, #574
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS 7500 Centurion Pkwy Ste 100
CITY-ST-ZIP Jacksonville, FL 32256 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS 7500 Centurion Pkwy Ste 100
CITY-ST-ZIP Jacksonville, FL 32256 ☒ Change ☐ Addition

TITLE AS
NAME Robinson, J.F.
STREET ADDRESS 1 Johnson & Johnson Plaza
CITY-ST-ZIP New Brunswick, NJ 08933 ☐ 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 empowered.

SIGNATURE:

SIGNATURE *James M. Callahan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 904-443-1057

CR2F034 (9/99)