

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042699

1. Entity Name

ISLE JACKSONVILLE, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90026 015 ***150.00

Principal Place of Business 1777 N.E. EXPRESSWAY SUITE 145 ATLANTA GA 30329 US	Mailing Address 1777 N.E. EXPRESSWAY SUITE 145 ATLANTA GA 30329-2440 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3340 Peachtree Road NE Suite, Apt. #, etc. 1500 City & State Atlanta GA Zip 30326	3. Mailing Address 3340 Peachtree Road NE Suite, Apt. #, etc. St 1500 City & State Atlanta GA Zip 30326
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4. FEI Number 59-3243463	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHNEIDER, RETO J 8130 BAYMEADOWS WAY WEST SUITE 302 JACKSONVILLE FL 32256
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7400 Baymeadows Way St 107 City Jacksonville FL Zip Code 32256
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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] (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, RETO J 8130 BAYMEADOWS WAY WEST, SUITE 302 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOLEOS, DAVID J 1777 N.E. EXPRESSWAY ATLANTA GA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-00

Date

678.686.6778

Daytime Phone #

CR2E034 (9/99)