

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042699

1. Entity Name

ISLE JACKSONVILLE, INC.

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90243 044 ***150.00

Principal Place of Business

3340 PEACHTREE ROAD NE
#1500
ATLANTA GA 30326
US

Mailing Address

3340 PEACHTREE ROAD NE
#1500
ATLANTA GA 30326
US

2. Principal Place of Business

360 Maple Cove Dr

Suite, Apt. #, etc.

3. Mailing Address

360 Maple Cove Dr

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

30052

Country

United States

Zip

30052

Country

United States

4. FEI Number

59-3243463

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, RETO J
7400 BAYMEADOW WAY
STE 107
JACKSONVILLE FL 32256

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, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, RETO J	
STREET ADDRESS	8130 BAYMEADOWS WAY WEST, SUITE 302	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	Bratsch, Peter	<input type="checkbox"/> Delete
NAME	360 Maple Cove Dr	
STREET ADDRESS	Jacksonville FL 30052	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Bratsch, Peter CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	360 Maple Cove Dr	
STREET ADDRESS	Jacksonville FL 30052	
CITY-ST-ZIP		
TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Counter Starr	
STREET ADDRESS	360 Maple Cove Dr	
CITY-ST-ZIP	Jacksonville FL 30052	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-51-01 770 207-7513

CR2E034 (10/00)