

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

102  
000461  
AV

**DOCUMENT # P94000059514**

1. Entity Name  
**SAN JOSE PLACE OF JACKSONVILLE, INC.**

03 JUL 22 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1920 DEAN RD.  
JACKSONVILLE FL 32216**

Mailing Address  
**87 TALLWOOD ROAD  
JACKSONVILLE BEACH FL 32216  
US**



07/10/03 90109 017 \$150.00

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3258665** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NOE, WILLIAM G JR  
599 ATLANTIC BLVD.  
SUITE 6  
ATLANTIC BEACH FL 32233**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP BAKER, SCOTT 1920 DEAN RD. JACKSONVILLE FL 32216</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVST RIECHMANN, KEITH 1920 DEAN RD. JACKSONVILLE FL 32216</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Keith Riechmann **7/9/03 904 724-1375**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

2082

**San Jose Place Of Jacksonville, Inc.**

1920 Dean Road  
Jacksonville, Florida 32216

Wednesday, July 09, 2003

To Whom It May Concern:

San Jose Place of Jacksonville, Inc. did not receive the prior notice of the Uniform Business Report and is requesting the late fee be waved.

Sincerely,



R. Keith Riechmann

Vice President

San Jose Place of Jacksonville, Inc.

5/21/03

Spoke with Kathy and she thought this letter may have separated from the application. She advised that we attach the letter and re-submit.