

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90856 011 ***150.00

DOCUMENT # P94000066789

1. Entity Name
INVEST IN NORTH FLORIDA, INC.

Principal Place of Business
4905 BELFORT ROAD
SUITE 110
JACKSONVILLE FL 32256

Mailing Address
4905 BELFORT ROAD
SUITE 110
JACKSONVILLE FL 32256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3270210**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

ROSSITER, ALAN W
4905 BELFORT ROAD
SUITE 110
JACKSONVILLE FL 32256

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KURTZ, JON M**
STREET ADDRESS **211 E SILVER SPRINGS BLVD**
CITY-ST-ZIP **OCALA FL 34478**

TITLE **President** ☐ Change ☒ Addition
NAME **Alan W. Rossiter**
STREET ADDRESS **4905 Belfort Road**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **D** ☐ Delete
NAME **MEYERS, JAMES L**
STREET ADDRESS **ONE PROGRESS BLVD, SUITE 23**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **D** ☐ Change ☒ Addition
NAME **Charles Clarkson**
STREET ADDRESS **3100 University Blvd Side 200**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **D** ☒ Delete
NAME **HEGGESTAD, ARNOLD**
STREET ADDRESS **UF BOX 117168**
CITY-ST-ZIP **GAINESVILLE FL 32611**

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

TITLE **P** ☒ Delete
NAME **MYERS, GARY W**
STREET ADDRESS **2251 NW 41ST. ST., SUITE E**
CITY-ST-ZIP **GAINESVILLE FL 32606**

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

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Change ☐ 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 #

4/29/02 904/730-4700

CR2E034 (9/01)