

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90032 028 \*\*\*150.00

**DOCUMENT # P94000090543**

1. Entity Name

**JACKSONVILLE RIVERFRONT CORPORATION**

Principal Place of Business

**750 EAST BAY ST  
9TH FLOOR  
JACKSONVILLE FL 32202  
US**

Mailing Address

**750 EAST BAY ST  
9TH FLOOR  
JACKSONVILLE FL 32202  
US**

2. Principal Place of Business

**750 East Bay St**  
Suite, Apt. #, etc.

3. Mailing Address

**750 East Bay St.**  
Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip

**32202**

Country

**USA**

Zip

**32202**

Country

**USA**

4. FEI Number **59-3305745**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

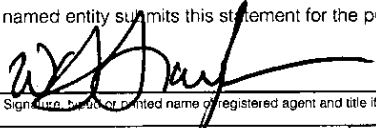
6. Name and Address of Current Registered Agent

**JOHN H. HANAN  
750 EAST BAY ST  
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **W. Hamilton Traylor**  
Street Address (P.O. Box Number is Not Acceptable)  
**750 East Bay St**  
City **Jacksonville** FL Zip Code **32202**

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  (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HANAN, JOHN H</b> <b>750 EAST BAY STREET</b> <b>JACKSONVILLE FL 32202</b>	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Jebb Spence</b> <b>750 E. BAY ST</b> <b>JACKSONVILLE, FL 32202</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T</b> <b>W. Hamilton Traylor</b> <b>750 E. Bay St.</b> <b>JACKSONVILLE, FL 32202</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD</b> <b>CARLTON Spence</b> <b>750 E. Bay St</b> <b>JACKSONVILLE, FL 32202</b>	<input type="checkbox"/> Change <input checked="" 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

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:  AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/01** **904-632-0004**  
Date Daytime Phone #

CR2E034 (10/00)