

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052111

1. Entity Name

THE JOHN LEWIS COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 21 PM 3: 28

Principal Place of Business

1177 QUEENS HARBOUR BLVD  
JACKSONVILLE FL 32225  
US

Mailing Address

1177 QUEENS HARBOUR BLVD  
JACKSONVILLE FL 32225-4909  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3321615

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

LEWIS, JOHN W  
1177 QUEENS HARBOUR BLVD  
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable)  
701 Brickell Avenue, Suite 3000

City Miami

FL

Zip Code 33131

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

*Donald W. Wallis* Donald W. Wallis, Vice President 3-20-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

TITLE P  
NAME LEWIS, JOHN W. ☐ Delete  
STREET ADDRESS 1177 QUEENS HARBOUR BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 800003199298-7  
STREET ADDRESS -04/07/00--01010--003  
CITY-ST-ZIP \*\*\*\*\*467.50 \*\*\*\*\*158.75

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

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

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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:

*Donald W. Wallis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00 Date

904) 764-7745 Daytime Phone #

CR2E034 (9/99)