

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90161 046 ***150.00

DOCUMENT # P95000092667

1. Entity Name
SAN JOSE ASSOCIATES OF JACKSONVILLE, INC.



Principal Place of Business
**6320 ST AUGUSTINE RD
SUITE 7
JACKSONVILLE FL 32217
US**

Mailing Address
**6320 ST AUGUSTINE RD
SUITE 7
JACKSONVILLE FL 32217
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-1951673**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENDERSON, GENEVA P
6320-7 ST. AUGUSTINE RD.
JACKSONVILLE FL 32217**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003. Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	PURSER, LAT W III	4530 PARK ROAD, SUITE 300 CHARLOTTE NC 28209				
	D	LFRENIERE, STEPHEN J	704 S HWY 1792 LONGWOOD FL				
	D	HENDERSON, GENEVA P	6320-7 ST. AUGUSTINE RD. JACKSONVILLE FL 32217				
	D	VARALLO, FRANK J	5790 BRAINERD ROAD CHATTANOOGA TN 37411				
	D	HINNANT, CHARLES	9 OLD KINGS HWY S DARIEN CT 06820				
	D	MORRIS, PATRICIA D	TALLAN BLDG. TWO UNION SQ. CHATTANOOGA TN 37402				

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)