2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90266 036 ***150.00

DOCUMENT # P96000020833

1. Entity Name
JACKSONVILLE BEACH DOWNTOWN REDEVELOPMENT COMPAN

Principal Place of Business	Mailing Address
4347-10 UNIVERSITY BLVD.. SOUTH JACKSONVILLE FL 32216	4347-10 UNIVERSITY BLVD.. SOUTH JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1 Sleiman Parkway	1 Sleiman Parkway
Suite, Apt. #, etc. Suite 270	Suite, Apt. #, etc. Suite 270
City & State Jacksovnille, Florida	City & State Jacksonville, Florida
Zip 32216 / Country	Zip 32216 / Country

4. FEI Number 59-3367416 ☐ Applied For ☐ Not Applicable

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
SLEIMAN, PETER D 4347-10 UNIVERSITY BLVD., SOUTH JACKSONVILLE FL 32216	Name Sleiman, Peter D. Street Address (P.O. Box Numbers Not Acceptable) 1 Sleiman Parkway, Suite 270 City Jacksonville FL Zip Code 32216

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 changing) 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEIMAN, ANTHONY J 4347-10 UNIVERSITY BLVD., SOUTH JACKSONVILLE FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sleiman, Anthony T. 1 Sleiman Parkway, Suite 270 Jacksonville, Florida 32216	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEIMAN, PETER D 4347-10 UNIVERSITY BLVD., SOUTH JACKSONVILLE FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sleiman, Peter D. 1 Sleiman Parkway, Suite 270 Jacksonville, Florida 32216	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEIMAN, ELI T JR. 4347-10 UNIVERSITY BLVD., SOUTH JACKSONVILLE FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sleiman, Eli T., Jr. 1 Sleiman Parkway, Suite 270 Jacksonville, Florida 32216	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEIMAN, JOSEPH E 4347-10 UNIVERSITY BLVD., SOUTH JACKSONVILLE FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sleiman, Joseph E. 1 Sleiman Parkway, Suite 270 Jacksonville, Florida 32216	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2F034 (10/00)

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 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter D. Sleiman 4/15/01 904/731-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone