2001 LINIFORM RUSINESS REDORT (LIRE)

2001 UNIFORM BUSINESS REPORT (UBR)						FILED			
DOCUMENT # P9600084295 1. Entity Name VCP-KERNAN, INC.						Apr 30, 2001 8:00 am Secretary of State 04-30-2001 90399 010 ***150.00			
Principal Place of Business Mailing Address 3020 HARTLEY ROAD STE 300 JACKSONVILLE, FL 32257 Mailing Address JACKSONVILLE, FL 32257							56741	(Å)Å 10181 B)(({BA)	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		ì	City & State			El Number 59-3416912		Applied For	
Zip		Country	Zip .	Country	5. C	ertificate of Status Desired	\$8.75 Fee Re	Additional	
	6. Nan	ne and Address of Current R	egistered Agent		7. N	ame and Address of New Reg	stered Agent		
FAR	RELL, MA	rk t		Name Street Addres	ss (P.O. Bo	x Number is Not Acceptable)		ı	
		Y ROAD STE 300 ILLE, FL 32257	<i>.</i>	City		1	:FL Zip	Code	
Tax filing (Signature, type	ed or printed name of registered agent and igible to satisfy its Intangible t and elects to do so.	FILE NOW!	Registered Agent signature requirements of Section 1997 (1997) Registered Agent signature requirements of Section 1997 (1997) Registered Agent A	10	stating) 10. Election Campaign Financ Trust Fund Contribution.		55.00 May Be	
11.		OFFICERS AND D	IRECTORS	12.	ADD	ITIONS/CHANGES TO OFFICE	RS AND DIRECT	TORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3020 H	JOHN D ARTLEY ROAD SUITE 300 DIVILLE FL 32257	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP-	3020 H	L, MARK T ARTLEY ROAD SUITE 300 DIVILLE FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Chai	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3020 H/	BERNARD E ARTLEY ROAD SUITE 300 DIVILLE FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		10 12 11	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	nge 🔲 Addition	
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP)	7. 7. 7.	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chai	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	nge 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

Mark T. Farrell April 19, 2001

(904) 260-3030

Daytime Phone #