

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000027130

FILED
Mar 11, 2003
Secretary of State

Entity Name: 20 WEST ADAMS ST., INC.

Current Principal Place of Business:

118 W. ADAMS ST.
STE 1000
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

5072 PICKETTVILLE ROAD
JACKSONVILLE, FL 32254 US

Current Mailing Address:

118 W. ADAMS ST.
STE 1000
JACKSONVILLE, FL 32202 US

New Mailing Address:

PO BOX 43186
JACKSONVILLE, FL 32203 US

FEI Number: 59-3440017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOSTER, SCOTT R
118 W. ADAMS ST.
STE 1000
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

GRAHAM, MARION
5072 PICKETTVILLE ROAD
JACKSONVILLE, FL 32254 US

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: MARION GRAHAM JR.

03/11/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: LUCAS, MICHAEL J
Address: 10800 ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: P () Delete
Name: FOSTER, SCOTT R
Address: 2801 LORIMER TERR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: T (X) Delete
Name: ADDISON, GRAFTON D III
Address: 11788 WORDSWORTH CT.
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Delete
Name: SCHULTZ, JOHN R
Address: 1823 SEMINOLE RD.
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: GRAHAM, KIMBERLY S
Address: 5072 PICKETTVILLE ROAD
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: P (X) Change () Addition
Name: GRAHAM, MARION
Address: 5072 PICKETTVILLE ROAD
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARION GRAHAM

P

03/11/2003

Electronic Signature of Signing Officer or Director

Date