

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082384

1. Entity Name

EDGEWOOD PROPERTIES, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90022 027 ***550.00

Principal Place of Business

480 SOUTH EDGEWOOD AVENUE
 JACKSONVILLE FL 32205

Mailing Address

480 SOUTH EDGEWOOD AVENUE
 JACKSONVILLE FL 32205

00000744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

903 RIVER OAKS RD

3. Mailing Address

903 RIVER OAKS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3480443

Applied For

Not Applicable

Zip

32207

Country

DUVAL

Zip

32207

Country

DUVAL

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

FRANKLIN, BEN T JR
 480 SOUTH EDGEWOOD AVENUE
 JACKSONVILLE FL 32205

Name FRANKLIN, BEN T JR.

Street Address (P.O. Box Number is Not Acceptable)

903 RIVER OAKS RD

City

JACKSONVILLE

FL

Zip Code

32207

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]

BEN T. FRANKLIN, JR

13 JULY 2000

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
 NAME FRANKLIN, BEN T JR
 STREET ADDRESS 480 SOUTH EDGEWOOD AVENUE
 CITY-ST-ZIP JACKSONVILLE FL 32205

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 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:

[Signature] BEN T. FRANKLIN, JR

13 JULY 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)