

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091276

1. Entity Name  
**HAL JONES CONTRACTOR, INC.**

Principal Place of Business  
**ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE FL 32202-5059**

Mailing Address  
**ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE FL 32202-5059**

2. Principal Place of Business  
**779 TALLEYRAND AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 13326**  
Suite, Apt. #, etc.

City & State  
**JACKSONVILLE, FL**

City & State  
**JACKSONVILLE, FL**

Zip  
**32202**

Country  
**USA**

Zip  
**32206**

Country  
**USA**

4. FEI Number **59-3476170**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**HOLBROOK, H. LEON  
ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE FL 32202-5059**

## 7. Name and Address of New Registered Agent

Name  
**GLENN C. SPEICHER**

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

**779 TALLEYRAND AVE**

City, **JACKSONVILLE** **FL** Zip Code **32202**

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

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

*1/05/01*  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
JONES, HAL L JR  
132 NORTH COVE DRIVE  
PONTE VEDRA BEACH FL 32082** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
HARRISON, DENNIS E  
3540 KINDLEWOOD DR  
MIDDLEBURG FL 32068** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DTS  
SPEICHER, GLENN C  
7743 HILSDALE HARBOR CT  
JACKSONVILLE FL 32216** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
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☐ Change ☐ Addition

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

*Glenn C. Speicher, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/05/01*  
Date

*904 355-5885*  
Daytime Phone #

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90001 029 \*\*\*158.75

**601372**



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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