

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004567

1. Entity Name

BUILDSCAPE, INC.

Principal Place of Business

7800 BELFORT PARKWAY
SUITE 100
JACKSONVILLE FL 32256

Mailing Address

7800 BELFORT PARKWAY
SUITE 100
JACKSONVILLE FL 32256-6920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3485326

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

GRAY, CATHERINE J
7800 BELFORT PKY STE 100
JACKSONVILLE FL 32256

Name

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

City

FL

Zip Code

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 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 \$150.00
After MAY 1, 2000 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	S	<input checked="" type="checkbox"/> Delete
NAME	BLUNT, SANDRA A	
STREET ADDRESS	7800 BELFORT PKY STE 100	
CITY-ST-ZIP	JAX FL 32256	
TITLE	PC	<input type="checkbox"/> Delete
NAME	WILSON, STEVEN J	
STREET ADDRESS	7800 BELFORT PKY STE 100	
CITY-ST-ZIP	JAX FL 32256	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	GRAY, CATHERINE J	
STREET ADDRESS	7800 BELFORT PKY STE 100	
CITY-ST-ZIP	JAX FL 32256	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	TURVEY, SUSAN H	
STREET ADDRESS	7800 BELFORT PKY STE 100	
CITY-ST-ZIP	JAX FL 32256	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, MALCOLM T	
STREET ADDRESS	7800 BELFORT PKY STE 100	
CITY-ST-ZIP	JAX FL 32256	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SHRIFTMAN, MORRIS	
STREET ADDRESS	7800 BELFORT PKY STE 100	
CITY-ST-ZIP	JAX FL 32256	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALYSON B. HORTON	
STREET ADDRESS	7800 BELFORT PARKWAY SUITE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS KOHN	
STREET ADDRESS	7800 BELFORT PARKWAY SUITE 100	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERRY YOUNG	
STREET ADDRESS	7800 BELFORT PARKWAY SUITE 100	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine J. Gray 4/27/00 (904) 291-2200

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90095 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)