

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023606

1. Entity Name

FLAGSHIP PROPERTIES OF JACKSONVILLE, INC.

Principal Place of Business

4000 B ST. JOHNS AVE., SUITE 22  
JACKSONVILLE FL 32205

Mailing Address

4000 B ST. JOHNS AVE., SUITE 22  
JACKSONVILLE FL 32205

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

59-3515352

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

CRAVEY, JERRY R  
4000 B ST. JOHNS AVE., SUITE 22  
JACKSONVILLE FL 32205

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.

(NOT 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CRAVEY, JERRY R	
STREET ADDRESS	4000 B ST. JOHNS AVE., SUITE 22	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEED, JOSEPH D JR.	
STREET ADDRESS	4000 B ST. JOHNS AVE., SUITE 22	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTON, WILLIAM H JR.	
STREET ADDRESS	4000 B ST. JOHNS AVE., SUITE 22	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEED, JOSEPH D III	
STREET ADDRESS	4000 B ST. JOHNS AVE., SUITE 22	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTON, ALONZO D	
STREET ADDRESS	4000 B ST. JOHNS AVE., SUITE 22	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	LENTZ, ANN	
STREET ADDRESS	4000 B ST. JOHNS AVE., SUITE 22	
CITY-ST-ZIP	JACKSONVILLE FL 32205	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

06-07-2001 90002 020 \*\*\*550.00

661231



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)