

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000086049

1. Entity Name
CCK REAL ESTATE, INC.

Principal Place of Business
1650 PRUDENTIAL DR
STE 400
JACKSONVILLE
32207

Mailing Address
1650 PRUDENTIAL DR
STE 400 ATTN- LEGAL DEPT
JACKSONVILLE
32207 FL

2. Principal Place of Business
1650 PRUDENTIAL DRIVE

3. Mailing Address
1650 PRUDENTIAL DRIVE

Suite, Apt. #, etc.
SUITE 400

Suite, Apt. #, etc.
STE 400 ATTN- LEGAL DEPT

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip Country
32207

Zip Country
32207

4. FEI Number
65-0867849

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAINE LAWRENCE
1650 PRUDENTIAL DR., STE 400

JACKSONVILLE FL
32207 US

7. Name and Address of New Registered Agent

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 _____ DATE **03/02/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	AS	<input type="checkbox"/> Delete
NAME	WHITLACH SUSAN G	
STREET ADDRESS	1650 PRUDENTIAL DR #400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENNEDY ALISON D	
STREET ADDRESS	1650 PRUDENTIAL DR., STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VT	<input type="checkbox"/> Delete
NAME	REGAN MICHAEL N	
STREET ADDRESS	1650 PRUDENTIAL DR., STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS JEFFREY W	
STREET ADDRESS	1650 PRUDENTIAL DR., STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DP	<input type="checkbox"/> Delete
NAME	REININGER MICHAEL P	
STREET ADDRESS	1650 PRUDENTIAL DR., STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLACH SUSAN G	
STREET ADDRESS	1650 PRUDENTIAL DR #400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON ALISON K	
STREET ADDRESS	1650 PRUDENTIAL DR., STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGAN MICHAEL N	
STREET ADDRESS	1650 PRUDENTIAL DR., STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER M. BRUCE	
STREET ADDRESS	1650 PRUDENTIAL DR., STE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
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: SUSAN G. WHITLATCH

AS 03/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)