

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90055 024 ***150.00

DOCUMENT # P98000093428

Entity Name
VCP-SAN MARCO, INC.

Principal Place of Business Mailing Address
3020 Hartley Road, Ste. 300 3020 Hartley Road, Ste. 300
Jacksonville, FL 32257 Jacksonville, FL 32257

Principal Place of Business 3. Mailing Address
3020 Hartley Road 3020 Hartley Road

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 300 Suite 300

City & State City & State
Jacksonville, FL Jacksonville, FL

Zip Country Zip Country
32257 USA 32257 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3541445** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FARRELL, MARK T
3020 Hartley Road, Ste. 300
Jacksonville, FL 32257

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.

April 4, 2000

SIGNATURE 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, 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

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | ROOD, JOHN D | |
| STREET ADDRESS | 3030 HARTLEY RD., STE. 100 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FARRELL, MARK T | |
| STREET ADDRESS | 3030 HARTLEY RD., STE. 100 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | SMITH, BERNARD R | |
| STREET ADDRESS | 3030 HARTLEY RD., STE. 100 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | John D. Rood | |
| STREET ADDRESS | 3020 Hartley Road, Ste 300 | |
| CITY-ST-ZIP | Jacksonville, FL 32257 | |
| TITLE | VS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mark T. Farrell | |
| STREET ADDRESS | 3020 Hartley Road, Ste 300 | |
| CITY-ST-ZIP | Jacksonville, FL 32257 | |
| TITLE | VK | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bernard E. Smith | |
| STREET ADDRESS | 3020 Hartley Road, Ste 300 | |
| CITY-ST-ZIP | Jacksonville, FL 32257 | |
| 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 | | |

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]* **REQUIRED**

April 4, 2000 (904) 260-3030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)