

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061941

1. Entity Name
FT. CAROLINE DEVELOPMENT CORP.

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90348 008 ***150.00

Principal Place of Business
**1914 ART MUSEUM DR.
JACKSONVILLE FL 32207**

Mailing Address
**1914 ART MUSEUM DR.
JACKSONVILLE FL 32207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3596266		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOWERS, L. RANDALL
1914 ART MUSEUM DR.
JACKSONVILLE FL 32207**

Name	
Street Address (P.O. Box Numbers Not Acceptable)	
City	
State	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: Reg. Sec. Agent's signature required when re-registering))		DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)		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 '01	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D TOWERS, L. RANDALL 1914 ART MUSEUM DR. JACKSONVILLE FL 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S PYBURN, JULIE 1914 ART MUSEUM DRIVE JACKSONVILLE FL 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V PYBURN, WILLIAM T III 1914 ART MUSEUM DRIVE JACKSONVILLE FL 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 I 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 807, 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: *Julie Pyburn* *Julie Pyburn* 4/20/01 904-399-0134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/00)