

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074988

1. Entity Name

GRAND CENTRAL OF JAX, INC.



APPROVED
AND
FILED

00 SEP 20 PH 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

837 NORTH STREET
JACKSONVILLE FL 32211

Mailing Address

837 NORTH STREET
JACKSONVILLE FL 32211

2. Principal Place of Business

7695 Merrill Rd

3. Mailing Address

837 North Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3576711

Applied For

Not Applicable

Zip

Country

Duval

Zip

32211

Country

Duval

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NIPPER, JAMES L
200 WEST FORSYTH STREET, STE. C6
JACKSONVILLE FL 32202

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME COMBS, ROGER L JR.
STREET ADDRESS 12844 ISLEWORTH DR.
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ Delete

TITLE STD
NAME COMBS, TERRI R
STREET ADDRESS 12844 ISLEWORTH DR.
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

400003420614--0

-10/10/00--01075--011

****450.00 ****450.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400003420614--0

-10/10/00--01075--012

****100.00 ****100.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-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 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

7-15 00

Date

(904) 641-2778

(904) 721-8800

Daytime Phone #

CR2E034 (5/00)