

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90514 037 \*\*\*150.00

**DOCUMENT # P99000098815**

1. Entity Name  
FCLC JACKSONVILLE, INC.



Principal Place of Business  
300 INTERNATIONAL PARKWAY #130  
HEATHROW, FL 32746

Mailing Address  
300 INTERNATIONAL PARKWAY #130  
HEATHROW, FL 32746

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3609927

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

C. THOMAS SELBY  
300 INTERNATIONAL PARKWAY #130  
HEATHROW, FL 32746

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME C. THOMAS SELBY  
STREET ADDRESS 300 INTERNATIONAL PKY., STE. 130  
CITY-ST-ZIP HEATHROW, FL 32746

TITLE P  
NAME PUGH, JAMES H JR.  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VP  
NAME RIVA, KYLE D  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ST  
NAME JACOBY, GREG  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or Block 11 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 #