

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S26960

1. Entity Name

EBC ENTERPRISES JACKSONVILLE, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90017 002 ***150.00

Principal Place of Business

Mailing Address

4190 BELFORT RD
 STE 200
 JACKSONVILLE FL 32216
 US

11465 JOHNS CREEK PARKWAY
 SUITE 300
 DULUTH GA 30097-1572
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1933334**

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

7. Name and Address of New Registered Agent

SCHUMAN, DAWN
 4190 BELFORT RD
 ST 200
 JACKSONVILLE FL 32216

Name
TERESA LONG
 Street Address (P.O. Box Number is Not Acceptable)
4190 BELFORT ROAD, SUITE 200
 City
JACKSONVILLE FL Zip Code
32216

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 *Teresa M. Long*
 Signature, typed or printed name of registered agent and title if applicable

TERESA M. LONG

4/12/00
 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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **DYE, THOMAS N.**
 STREET ADDRESS **11465 JOHNS CREEK PARKWAY, #300**
 CITY-ST-ZIP **DULUTH GA 30097**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **DYE, MICHAEL**
 STREET ADDRESS **11465 JOHNS CREEK PARKWAY, #300**
 CITY-ST-ZIP **DULUTH GA 30097**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **WINCHELL, BRIAN**
 STREET ADDRESS **11465 JOHNS CREEK PARKWAY, #300**
 CITY-ST-ZIP **DULUTH GA 30097**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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)(l), 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:

Brian J. Winchell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN J. WINCHELL

04-18-00

Date

(770) 814-4300

Daytime Phone #

CR2E034 (9/99)