2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90059 005 ****61.25

DOCUMENT # 701313

1. Entity Name

ROTARY CLUB OF JACKSONVILLE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
300 W ADAMS ST STE. 450 JACKSONVILLE FL 32202 US	300 W ADAMS ST STE. 450 JACKSONVILLE FL 32202-4373 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 59-0428460 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORDON, R W SUITE 2801 INDEPENDENT SQ JACKSONVILLE FL 32202	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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BORLAND, JAMES L JR MD 3720 ORTEGA BLVD JACKSONVILLE, FL 00000 32210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RADM Kevin F. Delaney (Ret.) 4551 Swilcan Bridge Lane N. Jacksonville, FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUELLER, RICHARD 4535 MAIN ST JACKSONVILLE FL 32206	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Donald F. Withers 3333 Riverside Ave. Jacksonville, FL 32204	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAYNE, WILLARD A JR 4280 BLEINHEIM PL JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Ju'Coby Pittman 447 W. 25th St. Jacksonville, Fl 32206	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAT ROSENBLOOM, PERCY 4341 SHERWOOD RD JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Frances Bartlett Kinne, PhD 4032 Mission Hills Circle W Jacksonville, FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 617, 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: _____ RADM Kevin F. Delaney 904-992-4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #