# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 16, 2001 8:00 am**
**Secretary of State**
05-16-2001 90010 009 ****61.25

DOCUMENT # 701313

1. Entity Name

ROTARY CLUB OF JACKSONVILLE, FLORIDA

549692

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 300 W ADAMS ST<br>STE. 450<br>JACKSONVILLE FL 32202<br>US | 300 W ADAMS ST<br>STE. 450<br>JACKSONVILLE FL 32202<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 300 W. Adams St. #450 | 300 W. Adams St. #450 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Jacksonville, FL | City & State: Jacksonville, FL |
| Zip: 32202 Country: USA | Zip: 32202 Country: USA |

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**

GORDON, R W
SUITE 2801 INDEPENDENT SQ
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

| **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<br>BORLAND, JAMES L JR MD<br>3720 ORTEGA BLVD<br>JACKSONVILLE, FL 00000 32210 | ☒ Delete | DP<br>Frances B. Kinne<br>4032 Mission Hills Circle W<br>Jax., FL 32225 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MUELLER, RICHARD<br>4535 MAIN ST<br>JACKSONVILLE FL 32206 | ☒ Delete | DS<br>J. William Gay<br>11325 Sweet Cherry Lane<br>Jax., FL 32225 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PAYNE, WILLARD A JR<br>4280 BLEINHEIM PL<br>JACKSONVILLE FL | ☒ Delete | DT<br>James Stevens<br>1301 Riverplace Blvd Ste 2640<br>Jax., Fl 32207 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DAT<br>ROSENBLOOM, PERCY<br>4341 SHERWOOD RD<br>JACKSONVILLE FL | ☒ Delete | DAS<br>ADM. Jonathan Howe<br>111 Riverside Ave. #130<br>Jax., Fl 32204 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** SIGNATURE REQUIRED James P. Stevens May 1, 2001 904/353-6789