# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 05, 2002 8:00 am**
**Secretary of State**
06-05-2002 90410 022 ****61.25

DOCUMENT # 701313

1. Entity Name

ROTARY CLUB OF JACKSONVILLE, FLORIDA

| 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 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9487 Regency Sq Blvd | 9487 Regency Sq Blvd |
| Suite, Apt. #, etc.: Ste. 135 | Suite, Apt. #, etc.: Ste 135 |
| City & State: Jax Florida | City & State: Jax Florida |
| Zip: 32225 Country: USA | Zip: 32225 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 | 7. Name and Address of New Registered Agent |
|---|---|
| GORDON, R W<br>SUITE 2801 INDEPENDENT SQ<br>JACKSONVILLE FL 32202 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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] Exec Dir 4/30/02

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>KINNE, FRANCES B<br>4032 MISSION HILLS CIRCLE W<br>JACKSONVILLE FL 32225 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>Charles Hughes<br>3581 Silvery Lane<br>Jax., Fl | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>GAY, J. WILLIAM<br>11325 SWEET CHERRY LANE<br>JACKSONVILLE FL 32225 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS William Burns<br>1477 Challen Ave.<br>Jax., Fl 32205 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>STEVENS, JAMES<br>1301 RIVERPLACE BLVD., SUITE 2640<br>JACKSONVILLE FL 32207 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS Deborah Knauer<br>4323 McGirts Blvd.<br>Jax., Fl 32210 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DAS<br>HOWE, JONATHAN<br>111 RIVERSIDE AVENUE #130<br>JACKSONVILLE FL 32204 | ☒ 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 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 [signature] Charles Hughes Exec Dir 4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #