

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729918

1. Entity Name

RIVERSIDE-AVONDALE PRESERVATION, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90080 014 ****62.50

Principal Place of Business

Mailing Address

2623 HERSCHEL ST
 JACKSONVILLE FL 32204
 US

2623 HERSCHEL ST
 JACKSONVILLE FL 32204-4511
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6555835

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRISSETT, BONNIE T
2623 HERSCHEL ST
JACKSONVILLE FL 32204

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 **P** Delete
 NAME **MCGOVERN, JAMES J**
 STREET ADDRESS **1833 WILLOWBRANCH TERR**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

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

TITLE **VP** Delete
 NAME **HAWKINS, DAVID**
 STREET ADDRESS **1428 WINDSOR PL**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

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

TITLE **S** Delete
 NAME **KENNON, PEGGY**
 STREET ADDRESS **1854 INGLESIDE AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **S** Change Addition
 NAME **STANLY, III, WILLIAM A.**
 STREET ADDRESS **3675 PINE STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **T** Delete
 NAME **SMITH, B E**
 STREET ADDRESS **1481 AVONDALE AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **T** Change Addition
 NAME **ROLLINGS, ROBERT**
 STREET ADDRESS **1649 OSCEOLA STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **D** Delete
 NAME **GRANDIN, SUSAN C**
 STREET ADDRESS **1332 AVONDALE AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D** Change Addition
 NAME **CONGELIO, CYNTHIA**
 STREET ADDRESS **1849 SEMINOLE ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D** Delete
 NAME **SCHLITZER, SUZANNE**
 STREET ADDRESS **2264 POST ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **D** Change Addition
 NAME **MC KELVEY, SUZANNE**
 STREET ADDRESS **2264 POST ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)