

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90374 027 ****61.25

DOCUMENT # 729918

1. Entity Name

RIVERSIDE-AVONDALE PRESERVATION, INC.

Principal Place of Business

Mailing Address

2623 HERSCHEL ST
 JACKSONVILLE FL 32204
 US

2623 HERSCHEL ST
 JACKSONVILLE FL 32204
 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

59-6555835

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bonnie T. Grissett

~~BONNIE T. GRISSETT~~

~~7-02-02~~

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP STANLY, WILLIAM A III**
 STREET ADDRESS **3675 PINE ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S PURDIE, JOANN F**
 STREET ADDRESS **2210 ST JOHNS AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **MARY CORRIGAN**
 STREET ADDRESS **4035 BOONE PARK AVE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32205**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WHITE, JOSEPH O**
 STREET ADDRESS **1661 GERALDINE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE Change Addition
 NAME **D JOHN HURTUBISE**
 STREET ADDRESS **2201 RIVER BLVD**
 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)(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: *Bonnie T. Grissett* **EXECUTIVE DIRECTOR**

BONNIE T. GRISSETT 7-2-02

904-389-2449

CR2E037 (4/02)