2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766589 Apr 04, 2000 8:00 am Secretary of State 1. Entity Name THE RIVER GARDEN AUXILIARY, INC. 04-04-2000 90012 017 ****61.25 Principal Place of Business Mailing Address 11401 OLD ST. AUGUSTINE RD. RIVER GARDEN HOME 11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258-1402 Ouv~~~-JACKSONVILLE FL 32258 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-6143672 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MEISEL, EVELYN E 9252 SAN JOSE BLVD., #2203 JACKSONVILLE FL 32257 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5,00 May Be П Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE BAILYS, GAYLE NAME NAME 1076 Waverly Bluff Way STREET ADDRESS T1643 LOIS CROSS CT: STREET ADDRESS Jacksonville FL 3222 CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL-☐ Change ☐ Addition TITLE ☐ Defete TITLE NACHMAN, RUTH NAME NAME STREET ADDRESS STREET ADDRESS 2733 ALVARADO AVE CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl. 32257 Change ☐ Addition TITLE TD ☐ Delete TITLE_ MIZRAHI, NANCY Drive MIZKAHI, WENDY NAME NAME STREET ADDRESS STREET ADDRESS 8464 RIDGEFIELD DR Jacksonville FL 32257 CITY-ST-ZIP CITY-ST-ZIP JAcksonville FL 32217 Change Addition VPD ☐ Delete TITLE RAITT, ANDREA NAME NAME STREET ADDRESS STREET ADDRESS 6850 CABALLERO RD CITY-ST-ZiP CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Delete TITLE DVP Change Addition TITLE MEISEL, EVELYN NAME NAME STREET ADDRESS STREET ADDRESS 9252 SAN JOSE BLVD #2203 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL vptd Delete TITLE Change ☐ Addition TITLE MEISEL, EVELYN NAME NAME STREET ADDRESS 9252_SAN JOSE BLVD. #2203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 12. I hereby certify that the information supplied with this filling 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: YSAUCIFULLIRE

3/30/00

904-262-6001

Daytime Phone #