

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11461

1. Entity Name

RONALD MCDONALD HOUSE OF JACKSONVILLE, INC.

Principal Place of Business

1440 JEFFERSON STREET N.
JACKSONVILLE FL 32209

Mailing Address

1440 JEFFERSON STREET N.
JACKSONVILLE FL 32209-6524

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

59-2625008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, MICHAEL P
4655 SALISBURY ROAD STE 300
GRENADIER COLLINS AND MENCKE
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name

John Howard

Street Address (P.O. Box Number is Not Acceptable)

Grenadier, Howard + Associates

4655 Salisbury Road, Suite 300

City

Jacksonville

FL

Zip Code

32256

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)

1/24/00
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

TITLE D ☒ Delete
NAME JOHNSON, TED
STREET ADDRESS 9551 BAYMEADOWS RD STE 18
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☒ Delete
NAME GRAHAM, DIANE
STREET ADDRESS 3787 ORTEGA BLVD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE T ☐ Delete
NAME BOSLAND, PAUL
STREET ADDRESS 16 SEA MARSH RD
CITY-ST-ZIP JACKSONVILLE FL 32034

TITLE C ☒ Delete
NAME LANIER, JANE R
STREET ADDRESS 1440 JEFFERSON STREET NORTH
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE DEO ☐ Delete
NAME WEEDON, GERALD W
STREET ADDRESS 1200 RIVERPLACE BLVD. STE. 800
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☒ Delete
NAME COUGHLIN, JUDY
STREET ADDRESS 24648 HARBOUR VIEW DR.
CITY-ST-ZIP PONTE VEDRA BCH. FL 32082

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice President ☐ Change ☒ Addition
NAME Susan A. Birk
STREET ADDRESS 112 Harbourmaster
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE Secretary ☐ Change ☒ Addition
NAME Kevin Gallagher
STREET ADDRESS 8019 Bayberry Road
CITY-ST-ZIP Jacksonville, FL 32256

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

TITLE Executive Director ☐ Change ☐ Addition
NAME Soy C. Hardaker
STREET ADDRESS 1490 Jefferson St., N
CITY-ST-ZIP Jacksonville, FL 32209

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: [Signature] 2-300 904-798-2950
DATE: [Date] DAYTIME PHONE: [Phone Number]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90062 029 ****61.25



DO NOT WRITE IN THIS SPACE