1/19/01-90(

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State
01-19-2001 90025 001 ****61.25

DOCUMENT # N11461

1. Entity Name

RONALD MCDONALD HOUSE OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
1440 JEFFERSON STREET N. JACKSONVILLE FL 32209	1440 JEFFERSON STREET N. JACKSONVILLE FL 32209

61[illegible]

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
HOWARD, JOHN ~~4655 SALISBURY ROAD STE 300~~ ~~GRENADIER COLLINS AND MERCKE~~ ~~JACKSONVILLE, FL 32256~~	Name Street Address (P.O. Box Number is Not Acceptable): 6820 Southpoint Parkway, Suite 1 City Jacksonville FL Zip Code 32216

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 John N. Howard 1/10/01
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	VP BIRK, SUSAN A 112 HARBOURMASTER PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Susan A. Birk 112 Harbourmaster Ct. Ponte Vedra Bch, FL 32277	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GALLAGHER, KEVIN 8019 BAYBERRY ROAD JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Kevin Gallagher 8019 Bayberry Rd Jax, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOSLAND, PAUL D 16 SEA MARSH RD JACKSONVILLE FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Craig C. Walker 50 N. Laura St. #3700 Jacksonville, FL 32203	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED HARDAKER, JOY C D 1440 JEFFERSON ST N JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Kristin McLauchlan 831 Ponte Vedra Bch D Ponte Vedra Bch, FL 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEO WEEDON, GERALD W 1200 RIVERPLACE BLVD. STE. 800 JACKSONVILLE FL 32207	☒ 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 (10/00)

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: Joy C Hardaker 1/11/01 904-798-2950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #