

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000919

1. Entity Name

ADVISORY COUNCIL OF THE RETIRED AND SENIOR VOLUN

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90227 027 ****61.25

Principal Place of Business MARY L SINGLETON SENIOR CENTER 150 E. FIRST ST. JACKSONVILLE FL 32206	Mailing Address MARY L SINGLETON SENIOR CENTER 150 E. FIRST ST. JACKSONVILLE FL 32206-5002
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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 59-3240143	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBSON, SALLY S.
 RSVP ADVISORY COUNCIL
 150 EAST FIRST ST.
 JACKSONVILLE FL 32206**

7. Name and Address of New Registered Agent

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

T NAME STREET ADDRESS CITY-ST-ZIP	THALHEIMER, EL 12581 ASHGLN DR NORTH JACKSONVILLE FL 32224	<input type="checkbox"/> Delete
PD NAME STREET ADDRESS CITY-ST-ZIP	PACE, KAY 116 W DUVAL ST STE 225 JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Delete
MD NAME STREET ADDRESS CITY-ST-ZIP	ROBSON, SALLY S. 150 EAST FIRST ST. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hornor, Gurdon 3613 Valencia Road Jacksonville, FL 32205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *Sally S. Robson* **Robson** **(904) 2/24/00 630-0998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)