

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

0010905

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02-08-2001 90186 033 ****61.25

1. Entity Name
ADVISORY COUNCIL OF THE RETIRED AND SENIOR VOLUN

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3240143	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 Sally S. Robson

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

TALHEIMER, EL 12581 ASHGLEN DR NORTH JACKSONVILLE FL 32224	THALHEIMER, EL 12581 ASHGLEN DR NORTH JACKSONVILLE FL 32224
HORNOR, GURDON 3613 VALENCIA ROAD JACKSONVILLE FL 32202	Hornor, Gurdon 1344 Morvenwood Road Jacksonville, FL 32207
ROBSON, SALLY S. -150 EAST FIRST ST. JACKSONVILLE FL	

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: Sally S. Robson *[Signature]* 1/31/01 (904) 630-0998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)