

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90038 050 \*\*\*\*61.25

**DOCUMENT # N94000000919**

1. Entity Name

**ADVISORY COUNCIL OF THE RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP) OF DUVAL COUNTY, FLORIDA, IN**

Principal Place of Business

Mailing Address

**MARY L. SINGLETON SENIOR CENTER  
 150 E. FIRST ST.  
 JACKSONVILLE FL 32206**

**MARY L. SINGLETON SENIOR CENTER  
 150 E. FIRST ST.  
 JACKSONVILLE FL 32206**

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

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

**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 \_\_\_\_\_

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  Delete  
 NAME **THALHEIMER, EL**  
 STREET ADDRESS **12581 ASHGLN DR NORTH**  
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

PD  Delete  
 NAME **HORNOR, GURDON**  
 STREET ADDRESS **1344 MORVENWOOD ROAD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

Change  Addition  
 NAME  
 STREET ADDRESS **1500 Avondale Ave.**  
 CITY-ST-ZIP **Jacksonville, FL 32205**

MD  Delete  
 NAME **ROBSON, SALLY S.**  
 STREET ADDRESS **150 EAST FIRST ST.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: \_\_\_\_\_

*Sally S. Robson*  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02 904/630-0998  
 Date Daytime Phone #

CR2E037 (9/01)