

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90089 001 ***150.00

DOCUMENT # 324250

1. Entity Name

C. ROCKHILL, INC.

Principal Place of Business

Mailing Address

~~1619 HENDRICKS AVENUE~~
~~PO BOX 10667~~
JACKSONVILLE FL 32247-0667
 US

~~1619 HENDRICKS AVENUE~~
~~PO BOX 10667~~
JACKSONVILLE FL 32247-7667

2. Principal Place of Business

3334 Beach Boulevard

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1197365**

Applied For

Not Applicable

Zip

Country

Zip

Country

32207-3334

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

BIRD, ELEANOR KAY
~~1619 HENDRICKS AVE~~
JACKSONVILLE FL 32207

Name

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

3334 Beach Boulevard

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

Eleanor Kay Bird

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 5 2001

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete
 NAME **BIRD, ELEANOR**
 STREET ADDRESS **2235 REDLERN RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE **PD** ☐ Delete
 NAME **BIRD, ELEANOR KAY**
 STREET ADDRESS **2235 REDLERN RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **V Jones, Jennifer C.**
 STREET ADDRESS **2152 Redfern Rd.**
 CITY-ST-ZIP **Jacksonville FL 32207**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **S Bird, John S. Jr.**
 STREET ADDRESS **2147 Redfern Rd.**
 CITY-ST-ZIP **Jacksonville FL 32207**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eleanor Kay Bird

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5 2001

Date

398-9666

Daytime Phone #

CR2E034 (10/00)