2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90217 047 ****61.25

DOCUMENT # 706552

1. Entity Name

ROTARY CLUB OF SOUTH JACKSONVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 47546 JACKSONVILLE FL 32247	P.O. BOX 47546 JACKSONVILLE FL 32247

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 59-0734082 ☐ 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
JOOST, HOBART JR 2401 INDEPENDENT DRIVE JACKSONVILLE FL 32202	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 Hobart Joost Jr. Hobart Joost, Jr. Agent 4-9-02
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	PD MILLS, MAYO PO BOX 47546 JACKSONVILLE FL 32247	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MASSEY, BOB JR PO BOX 47546 JACKSONVILLE FL 32247	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President-D Gary Wilkinson PO Box 47546 Jax, FL 32247	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EDWARDS, JEFF PO BOX 47546 JACKSONVILLE FL 32247	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary-D Bob Massey, Jr. PO Box 47546 Jax, FL 32247	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILKINSON, GARY PO BOX 47546 JACKSONVILLE FL 32247	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer-D James Chansler PO Box 47546 Jax, FL 32247	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOOST, HOBART JR PO BOX 47546 JACKSONVILLE FL 32247	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAWOOD, DIANNE PO BOX 47546 JACKSONVILLE FL 32247	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Gary Wilkinson Gary Wilkinson, Vice Pres. 4-9-02 (904) 396-4105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #