

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90165 036 ****61.25

DOCUMENT # 706552

1. Entity Name
ROTARY CLUB OF SOUTH JACKSONVILLE, FLORIDA, INC.



Principal Place of Business

P.O. BOX 47546
JACKSONVILLE FL 32247

Mailing Address

P.O. BOX 47546
JACKSONVILLE FL 32247

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

JOOST, HOBART JR
2401 INDEPENDENT DRIVE
JACKSONVILLE FL 32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Hobart Joost, Jr.

Hobart Joost, Jr. Pres.

3/18-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **MILLS, MAYO**
STREET ADDRESS **PO BOX 47546**
CITY-ST-ZIP **JACKSONVILLE FL 32247**

TITLE **VPD** ☒ Delete
NAME **WILKINSON, GARY**
STREET ADDRESS **PO BOX 47546**
CITY-ST-ZIP **JACKSONVILLE FL 32247**

TITLE **SD** ☒ Delete
NAME **MASSEY, BOB JR.**
STREET ADDRESS **PO BOX 47546**
CITY-ST-ZIP **JACKSONVILLE FL 32247**

TITLE **TD** ☒ Delete
NAME **CHANSLER, JAMES**
STREET ADDRESS **PO BOX 47546**
CITY-ST-ZIP **JACKSONVILLE FL 32247**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President - D** ☒ Change ☐ Addition
NAME **Hobart Joost, Jr.**
STREET ADDRESS **PO Box 47546**
CITY-ST-ZIP **Jax, FL 32247**

TITLE **Vice President - D** ☒ Change ☐ Addition
NAME **Jay Plotkin**
STREET ADDRESS **PO Box 47546**
CITY-ST-ZIP **Jax, FL 32247**

TITLE **Secretary - D** ☒ Change ☐ Addition
NAME **Bill Jaycox**
STREET ADDRESS **PO Box 47546**
CITY-ST-ZIP **Jax, FL 32247**

TITLE **Treasurer - D** ☒ Change ☐ Addition
NAME **Jim Stege**
STREET ADDRESS **PO Box 47546**
CITY-ST-ZIP **Jax, FL 32247**

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

TITLE ☐ 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 a other like empowered.

SIGNATURE:

Hobart Joost, Jr.

Hobart Joost, Jr.

3-18-03

(904) 396-4105

CR2E037 (10/02)