

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 8:00 am  
Secretary of State

09-13-2000 90012 041 \*\*\*\*61.25

DOCUMENT # 708262

1. Entity Name

CIVITAN FOUNDATION, INC.

Principal Place of Business

C/O GEORGE L. HUDSPETH  
10727 CROSSWICKS ROAD  
JACKSONVILLE FL 32256  
US

Mailing Address

C/O GEORGE L. HUDSPETH  
10727 CROSSWICKS ROAD  
JACKSONVILLE FL 32256  
US

2. Principal Place of Business

C/O WALTER H BRINKMAN

3. Mailing Address

C/O WALTER H BRINKMAN

Suite, Apt. #, etc.

4343 IRVINGTON AV

Suite, Apt. #, etc.

PO Box 93

City & State

JACKSONVILLE FL 32210

City & State

JACKSONVILLE FL

Zip

32210

Country

USA

Zip

32201

Country

USA

4. FEI Number

59-6161988

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

HUDSPETH, GEORGE L.  
10727 CROSSWICKS ROAD  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

WALTER H BRINKMAN

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

4343 IRVINGTON AV

City

JACKSONVILLE

FL

Zip Code

32210

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

*Walter H Brinkman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/9/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE BARRINGTON, ROBERT M 5234 LARRY DRIVE JACKSONVILLE FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRINKMAN, WALTER 2327 COSTA VERO BLVD #201 JACKSONVILLE BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUDSPETH, GEORGE L. 10727 CROSSWICKS ROAD JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTS, ANTONIA 904 ALICANTE RD ST AUGUSTINE FL 32086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARWELL, GARY L 2545 WRIGHTSON DR JACKSONVILLE FL 32223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVELS, GEORGE F. 6019 BROOKRIDGE ROAD JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T 4343 IRVINGTON AV JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRY A PIERCE JR 3739 CATHEDRAL COVE RD JACKSONVILLE FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARA L. WATKINS 2085 MILLS RD JACKSONVILLE FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE BOB N COBBIN 10325 MARBLE EGRET DR JACKSONVILLE FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT L GITTINGS JR 4933 LONG BOW RD JACKSONVILLE FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

*Walter H Brinkman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER H BRINKMAN

Date

9/9/00 (904) 665 7902

Daytime Phone #