

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708262

1. Entity Name

CIVITAN FOUNDATION, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90169 032 *****61.25

Principal Place of Business

Mailing Address

4343 IRVINGTON AVE
JACKSONVILLE FL 32210
US

PO BOX 93
JACKSONVILLE FL 32201
US

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

59-6161988

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

BRINKMAN, WALTER H
4343 IRVINGTON AVE
JACKSONVILLE FL 32210

Name

HARRY A. PIERCE JR.

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

227 W. FORSYTHE ST.

City

JACKSONVILLE

FL

Zip Code

32202

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 TREASURER WALTER H. BRINKMAN 1/26/02

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	D	<input checked="" type="checkbox"/> Delete
NAME	COGGINS, BOB	
STREET ADDRESS	10325 MARBLE EGRET DR	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRINKMAN, WALTER	
STREET ADDRESS	2327 COSTA VERO BLVD #201	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PIERRE, HARRY A JR	
STREET ADDRESS	227 W. FORSYTHE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WATKINS, CLARA L	
STREET ADDRESS	2085 MILLS RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GITTINGS, ROBERT L	
STREET ADDRESS	4933 LONGBOW RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE - misspelled	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Walter H. Brinkman WALTER H. BRINKMAN 1/24/02 904 665 7902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)