

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90013 012 ****61.25

DOCUMENT # 726212

1. Entity Name

VOLUNTEER JACKSONVILLE, INC.

Principal Place of Business

**4049 WOODCOCK DR SUITE 100
 JACKSONVILLE FL 32207
 US**

Mailing Address

**4049 WOODCOCK DR SUITE 100
 JACKSONVILLE FL 32207
 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

59-1466484

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

Name

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

City

FL

Zip Code

**SMITH, JUDITH A
 4046 WOODCOCK DRIVE, STE 100
 JACKSONVILLE FL 32207**

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

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 **SD** ☐ Delete
 NAME **ORR, KATHY**
 STREET ADDRESS **4800 DEERWOOD CAMPUS PKWY**
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **D** ☐ Change ☐ Addition
 NAME **Laura Jo Brunson**
 STREET ADDRESS **2527 Hirsh Avenue**
 CITY-ST-ZIP **Jacksonville, Florida 32216**

TITLE **PD** ☐ Delete
 NAME **DIETERLE, DAN**
 STREET ADDRESS **806 RIVERSIDE AVE.**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **D** ☐ Change ☐ Addition
 NAME **Gary P. Flower**
 STREET ADDRESS **Duval County Courthouse # 316**
 CITY-ST-ZIP **Jacksonville, Florida 32202**

TITLE **VD** ☐ Delete
 NAME **DUVALL, JOHN**
 STREET ADDRESS **121 W FORSYTHE ST STE 1000**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ Change ☐ Addition
 NAME **Glenn McKibbin**
 STREET ADDRESS **117 W. Duval Street #215**
 CITY-ST-ZIP **Jacksonville, Florida 32202**

TITLE **TD** ☒ Delete
 NAME **BUSHNELL, ELLEN**
 STREET ADDRESS **35452 ST. JOHNS BLUFF ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32224-2615**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Susan Green**
 STREET ADDRESS **200 First Street, Suite B**
 CITY-ST-ZIP **Neptune Beach, Florida 32266**

TITLE **ND** ☐ Delete
 NAME **SMITH, JUDITH A M**
 STREET ADDRESS **4049 WOODCOCK DR STE 100**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Change ☐ Addition
 NAME **Deborah Mobbs**
 STREET ADDRESS **4800 Deer Lake Drive E. #1A**
 CITY-ST-ZIP **Jacksonville, Florida 32246**

TITLE **D** ☐ Delete
 NAME **ATTER, HELEN S**
 STREET ADDRESS **21 WORLD GULF PLACE**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32092**

TITLE **D** ☐ Change ☐ Addition
 NAME **Marsha Myers**
 STREET ADDRESS **9424 Baymeadows Road #101**
 CITY-ST-ZIP **Jacksonville, Florida 32256**

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:

Judith A. M. Smith, 6 Mar 01

904-398-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)