

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727385

1. Entity Name

CIVITAN CLUB OF JACKSONVILLE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90151 027 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 93
 JACKSONVILLE FL 32201
 US

POST OFFICE BOX 93
 JACKSONVILLE FL 32201-0093
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0537231

Applied For

Not Applicable

Zip

Country

Zip

Country

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 AVENUE
 JACKSONVILLE FL 32210

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

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 ☒ Delete
 NAME REVELS, GEORGE
 STREET ADDRESS 6019 BROOKRIDGE RD
 CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Change ☒ Addition
 NAME BOB COBBIN
 STREET ADDRESS 10325 MARBLE EGRET DR
 CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete
 NAME BARRINGTON, ROBERT M
 STREET ADDRESS 2234 LARRY DRIVE
 CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE SD ☒ Delete
 NAME DUSS, ROBERT
 STREET ADDRESS 4819 AVON LANE
 CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ Change ☒ Addition
 NAME CLARA L. WATKINS
 STREET ADDRESS 2085 MILLS RD.
 CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☒ Delete
 NAME REEVES, DONALD O
 STREET ADDRESS 1037 BROOKMONT AVE E
 CITY-ST-ZIP JACKSONVILLE FL

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

TITLE P ☐ Delete
 NAME BRINKMAN, WALTER H.
 STREET ADDRESS 4343 IRVINGTON AVENUE
 CITY-ST-ZIP JACKSONVILLE FL 32210

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

TITLE D ☐ Delete
 NAME GITTINGS, ROBERT L
 STREET ADDRESS 4933 LONG BOW RD
 CITY-ST-ZIP JACKSONVILLE FL

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER H BRINKMAN

Date

Daytime Phone #

4/26/00 904
 665 7902

CR2E037 (9/99)