

2002 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Apr 21, 2002 8:00 am
Secretary of State

02-13-2002 90169 033 ****61.25

DOCUMENT # 727385

1. Entity Name

CIVITAN CLUB OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 93
JACKSONVILLE FL 32201
US

POST OFFICE 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

59-0537231

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 AVENUE
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 NAME STREET ADDRESS CITY-ST-ZIP	D CORGINS, BOB 10325 MARBLE EGRET DR JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATKINS, CLARA L 2085 MILLS RD JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINKMAN, WALTER H. 4343 IRVINGTON AVENUE JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GITTINGS, ROBERT L 4933 LONG BOW RD JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIERCE, HARRY A JR. 227 W FORSYTHE STREET JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 **WALTER H. BRINKMAN** 1/26/02 904 7902

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/01)

H.A. Pierce Jr **H.A. PIERCE JR** 3-25-02

Ref 353 9701