

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728140

1. Entity Name

THE AMERICAN PATRIOTIC COMMISSION OF JACKSONVILL

R

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90003 045 ****61.25

Principal Place of Business

LLE. FLORIDA, INC (THE)
580 W. 8TH ST. % METHODIST HOSP.
JACKSONVILLE FL 32209

Mailing Address

LLE. FLORIDA, INC (THE)
580 W. 8TH ST. % METHODIST HOSP.
JACKSONVILLE FL 32209
US

2. Principal Place of Business

6842 St. Augustine Rd
Suite, Apt. #, etc.

Jacksonville

City & State

FL

Zip

32217

Country

USA

3. Mailing Address

6842 St. Augustine Rd
Suite, Apt. #, etc.

Jacksonville

City & State

FL

Zip

32217

Country

USA

4. FEI Number

59-1498232

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RINAMAN, (JAMES C. JR.)
1200 RIVERPLACE BOULEVARD
SUITE 800
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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

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 PD ☐ Delete

NAME LINVILLE, (GEORGE M.)
STREET ADDRESS 6842 ST. AUGUSTINE ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ Delete

NAME RINAMAN, (JAMES C. JR.)
STREET ADDRESS 1200 RIVERPLACE BLVD., SUITE 800
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ Delete

NAME HANSEN, (CONSTANCE)
STREET ADDRESS 1512 LARUE AVENUE
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ Delete

NAME ROBERTS, RODELL F.
STREET ADDRESS 1325 SAN MARCO BLVD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete

NAME ANDREWS, WILLIAM H.
STREET ADDRESS 1056 HENDRICKS AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete

NAME BULLARD, RAYMOND
STREET ADDRESS 500 W. WATER STREET
CITY-ST-ZIP JACKSONVILLE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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: *George M. Linville*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)