

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03043

1. Entity Name

THE UPTOWN CIVITAN CLUB OF JACKSONVILLE, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90135 026 ****61.25

0013214

Principal Place of Business

UPTOWN CIVITAN CLUB
P O BOX 10266
JACKSONVILLE FL 32247-0266
US

Mailing Address

UPTOWN CIVITASN CLUB
P O BOX 10266
JACKSONVILLE FL 32247-0266
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2355329

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

BARNES, JAN N
14140 MANDARIN ROAD
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name Margaret Purcell
Street Address (P.O. Box Number is Not Acceptable) 3046 Lake Shore Blvd
City Jacksonville FL 32210

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

Margaret N Purcell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

16 Apr 2001
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

TITLE	D	<input type="checkbox"/> Delete
NAME	CREAM, IVY H JUDGE	
STREET ADDRESS	1840 SPICEBERRY CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEELE, LYNDIA M	
STREET ADDRESS	8589 FLORENCE COVE RD.	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEINSTEIN, LINDA	
STREET ADDRESS	9830 BEAUCLERC TERRACE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BARNES, JAN N	
STREET ADDRESS	14140 MANDARIN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32223-2550	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEGENGA, ELIZABETH	
STREET ADDRESS	PO BOX 8127	
CITY-ST-ZIP	JACKSONVILLE FL 32239	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTELLO, MONICA	
STREET ADDRESS	1909 UNIVERSITY BLVD #805	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weinstein, Linda	
STREET ADDRESS	9830 Beauclerc Terrace	
CITY-ST-ZIP	Jacksonville FL 32257	
TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Purcell, Margaret	
STREET ADDRESS	3046 Lake Shore Blvd	
CITY-ST-ZIP	Jacksonville FL 32210	
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: Margaret N Purcell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone *

16 Apr 2001 904 3584576

CR2E037 (10/00)