

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07513

1. Entity Name

THE RIVER REGION FOUNDATION, INC.

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90073 019 \*\*\*\*70.00

Principal Place of Business

Mailing Address

660 PARK STREET  
JACKSONVILLE FL 32204  
US

660 PARK STREET  
JACKSONVILLE FL 32204  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2539828

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

DUSS, ROBERT V.  
112 WEST ADAMS ST., SUITE #1402  
JACKSONVILLE FL 32202

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 ☐ Delete  
NAME D  
STREET ADDRESS LAVELTER, CAROLE J  
CITY-ST-ZIP 660 PARK STREET  
JACKSONVILLE FL 32204

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS ALLRED, BARRY  
CITY-ST-ZIP 4501 BEVERLY AVENUE  
JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS KRIEGER, LESLIE  
CITY-ST-ZIP 3834 S. REEDPOND DR.  
JACKSONVILLE FL 32223

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCCALL, L. E  
CITY-ST-ZIP 660 PARK STREET  
JACKSONVILLE FL 32204

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS HOLMAN, HELEN M  
CITY-ST-ZIP 1532 KINGSLEY AVENUE, SUITE 112  
ORANGE PARK FL 32073

TITLE ☒ Change ☐ Addition  
NAME President  
STREET ADDRESS Hugh H. Jones JR.  
CITY-ST-ZIP 5210 Belfort RD Ste 140  
JACKSONVILLE FL 32256

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4/2/02

704-359-2680

CR2E037 (9/01)