

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90014 003 \*\*\*\*61.25

**DOCUMENT # N14276**

1. Entity Name

RIVERCHASE ASSOCIATION, INC. K

Principal Place of Business

1905 ATLANTIC BLVD  
 P.O. BOX 24501  
 JACKSONVILLE FL 32241

Mailing Address

13879 MANDARIN RD  
 JACKSONVILLE FL 32223  
 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

NOT APPLICABLE

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

BRODSKY, COLMAN  
 BCBEF  
 4800 DURWOOD CAMPUS PKWY  
 JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name Lockwood, James  
 Street Address (P.O. Box Number is Not Acceptable) 13879 Mandarin Road  
 City Jacksonville FL Zip Code 32223

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 James M. Lockwood James M. Lockwood 7/8/00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	BURDETT, LEIGH	13899 ATHENS DR	JACKSONVILLE FL	<input type="checkbox"/>	<input type="checkbox"/>
TD	BRODSKY, COLMAN	13941 ATHENS DR	JACKSONVILLE FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	STARR, MIKE	13953 ATHENS DR	JACKSONVILLE FL 32223	<input type="checkbox"/>	<input type="checkbox"/>
D	RAQSDALE, LOIS V	13923 ATHENS DR	JACKSONVILLE FL 32223	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	LEWIS, CHARLES	13935 ATHENS DR	JACKSONVILLE FL 32223	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Lockwood, James	13905 Athens Dr.	Jacksonville, FL 32223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	Bostwick, Allison	1804 Sternwheel Dr.	Jacksonville, FL 32223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Nicholson, Byrd	1805 Sternwheel Dr.	Jacksonville, FL 32223	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I2. 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: James M. Lockwood 7/8/2000 904-296-8554  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)