2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90193 037 ****61.25

DOCUMENT # N14276

1. Entity Name

RIVERCHASE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1905 ATLANTIC BLVD P.O. BOX 24501 JACKSONVILLE FL 32241	13879 MANDARIN RD JACKSONVILLE FL 32223 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
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ 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
LOCKWOOD, JAMES 13879 MANDARIN ROAD JACKSONVILLE FL 32223	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURDETT, LEIGH 13899 ATHENS DR JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~BRODSKY, COLMAN~~ 13941 ATHENS DR JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Jim Lockwood 13905 Athens Drive Jacksonville, FL 32223 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~STARR, MIKE~~ ~~13953 ATHENS DR~~ JACKSONVILLE FL 32223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Byrd Nicholson 1805 Sternwheel Dr. Jacksonville, FL 32223 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~RAGSDALE, LOIS V~~ 13923 ATHENS DR JACKSONVILLE FL 32223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D [redacted] Marcia Sachs 13893 Athens Dr Jacksonville, FL 32223 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ~~LEWIS, CHARLES~~ 13935 ATHENS DR JACKSONVILLEF L 32223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Marie Gabbamonte 14010 Athens Dr. Jacksonville, FL 32223 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: James M. Lockwood 4/28/01 904-296-8554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #