

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90068 021 \*\*\*\*70.00

**DOCUMENT # N19203**

1. Entity Name

**THE RIVER GARDEN FOUNDATION, INC.**

Principal Place of Business

Mailing Address

11401 OLD ST. AUGUSTINE RD.  
 JACKSONVILLE FL 32258

11401 OLD ST. AUGUSTINE RD.  
 JACKSONVILLE FL 32258-1402

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

**59-3100673**

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

7. Name and Address of New Registered Agent

**PALEVSKY, ELLIOTT**  
 11401 OLD ST. AUGUSTINE RD.  
 JACKSONVILLE FL 32258

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

*[Handwritten Signature]*

**ELLIOTT PALEVSKY, CEO**

**4/26/00**

**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	TD	<input type="checkbox"/> Delete
NAME	SHERMAN, STEVEN	
STREET ADDRESS	3711 CATHEDRAL COVE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, SHEILA	
STREET ADDRESS	7561 FOUNDERS WAY	
CITY-ST-ZIP	PONTE VEDRA BCH., FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TRAYNHAM, EARLE	
STREET ADDRESS	4567 ST JOHNS BLUFF RD S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHARF, AARON	
STREET ADDRESS	164 LAUREL LN	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOTTLIEB, MEL	
STREET ADDRESS	3028 FOREST CIR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHIELDS, BOB	
STREET ADDRESS	P O BOX 5489	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mariery Serkin	
STREET ADDRESS	6735 Linford Lane	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stacie Wilf	
STREET ADDRESS	8652 Cathedral Oaks Place 'w.	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Hazel	
STREET ADDRESS	1301 Riverplace Blvd., Ste 2300	
CITY-ST-ZIP	Jacksonville, FL 32207	

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:

*[Handwritten Signature]* **REQUIRE TOM HAZEL**

**4/28/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)