

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90704 040 \*\*\*\*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

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 JACKSONVILLE FL 32258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3100673**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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. REMOVE OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **TD**  Delete  
 NAME: **SHERMAN, STEVEN**  
 STREET ADDRESS: **3711 CATHEDRAL COVE**  
 CITY-ST-ZIP: **JACKSONVILLE FL 32217**

TITLE: **TD**  Change  Addition  
 NAME: **JEFFREY R. EDWARDS**  
 STREET ADDRESS: **2409 COUNTY DOCK ROAD**  
 CITY-ST-ZIP: **JACKSONVILLE, FL 32223**

TITLE: **VD**  Delete  
 NAME: **SERKIN, MARJERY**  
 STREET ADDRESS: **6735 LINFORD LN**  
 CITY-ST-ZIP: **JACKSONVILLE FL 32217**

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

TITLE: **SD**  Delete  
 NAME: **WILF, STACIE**  
 STREET ADDRESS: **2652 CATHEDRAL OAKS PL W**  
 CITY-ST-ZIP: **JACKSONVILLE FL 32217**

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

TITLE: **VD**  Delete  
 NAME: **GOTTLIEB, MELANIE**  
 STREET ADDRESS: **3028 FOREST CIR**  
 CITY-ST-ZIP: **JACKSONVILLE FL**

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

TITLE: **PD**  Delete  
 NAME: **HAZEL, TOM**  
 STREET ADDRESS: **1301 RIVERPKICE BLVD STE 2300**  
 CITY-ST-ZIP: **JACKSONVILLE FL 32207**

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

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Delete

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

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: *Thomas Hazel* **Thomas Hazel** 4/25/02 904-260-1818  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)