

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26882

1. Entity Name

THE RIVER CLUB OF JACKSONVILLE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90068 016 ****61.25

Principal Place of Business

Mailing Address

C/O BENNY DAVIS
35TH FL. INDEPENDENT SQUARE
JACKSONVILLE FL 32202
US

C/O BENNY DAVIS
35TH FL. INDEPENDENT SQUARE
JACKSONVILLE FL 32202
US

2. Principal Place of Business

ONE INDEPENDENT DR

Suite, Apt. #, etc.

Suite 3500

City & State

3. Mailing Address

ONE INDEPENDENT DR

Suite, Apt. #, etc.

Suite 3500

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0754058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELDRIDGE, TIMOTHY
INDEPENDENT DR 53500
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name RANAY TROMBINO

Street Address (P.O. Box Number is Not Acceptable)

ONE INDEPENDENT DR

Suite 3500

City

Jacksonville

FL

Zip Code

32202

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

Randy Trombino

4-24-00

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

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

TITLE TD
NAME ZAMBETTI, MICHAEL
STREET ADDRESS 8750 PHILLIPS HIGHWAY
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE PD
NAME EDWARD W. LANE, III
STREET ADDRESS 1735 BEACH AVE
CITY-ST-ZIP ATLANTIC BEACH FL ☒ Delete

TITLE VPD
NAME HUGHS, J. MICHAEL
STREET ADDRESS 24190 BELFORD RD #351
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE VP
NAME ZAHRA, JR, E. ELLIS
STREET ADDRESS 5050 EDGEWOOD CT
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
NAME WRIGHT, PHILLIP
STREET ADDRESS 200 W. FOSYTH ST SUITE 200
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE SD
NAME LOVETT, II, RADFORD
STREET ADDRESS 1600 INDEPENDENT DR
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BAKER, JOHN D. II
STREET ADDRESS 155 E. 21ST STREET
CITY-ST-ZIP JACKSONVILLE, FL 32206 ☒ Change ☐ Addition

TITLE VPD
NAME GIBBS, THOMAS E.
STREET ADDRESS SON. LAURA STREET, SUITE 2800
CITY-ST-ZIP JACKSONVILLE, FL 32202 ☒ Change ☐ Addition

TITLE SD
NAME BIRCHFIELD, WILLIAM O.
STREET ADDRESS ONE INDEPENDENT DR, SUITE 3000
CITY-ST-ZIP JACKSONVILLE, FL 32202 ☒ Change ☐ Addition

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

TITLE TD
NAME MITCHELL, JOHN A.
STREET ADDRESS 1897 BEACH AVENUE
CITY-ST-ZIP ATLANTIC BEACH, FL 32233 ☒ Change ☐ Addition

TITLE D
NAME CARPENTER, ALVIN R.
STREET ADDRESS 500 WATER ST
CITY-ST-ZIP JACKSONVILLE, FL 32202 ☒ 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:

SIGNATURE REQUIRED

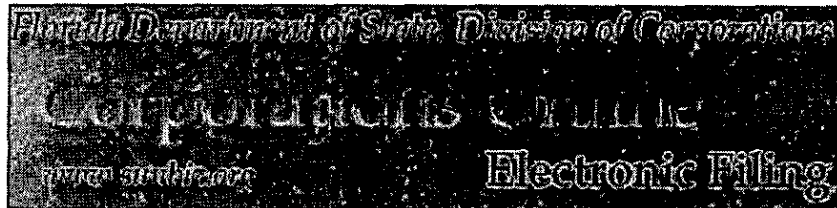
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00

CR2E037 (9/99)



Uniform Business Report

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Please enter additional business entities below.

Name and Title	MR. MICHAEL L. HUYGHUE, DIRECTOR
Address 1	1 ALLTEL STADIUM PLACE
Address 2	
City, State Zip	JACKSONVILLE, FL 32202

Name and Title	MR. CHARLES D. HYMAN, DIRECTOR
Address 1	4400 MARSH LANDING BLVD., #2
Address 2	
City, State Zip	PONTEVEDRA BEACH, FL 32082

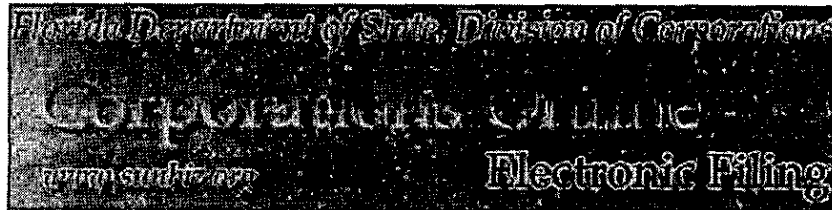
Name and Title	MS. MARTHA T. LANAHAN, DIRECTOR
Address 1	P.O. BOX 10788
Address 2	
City, State Zip	JACKSONVILLE, FL 32247

Name and Title	MR. CURTIS W. LOFTIN, DIRECTOR
Address 1	ONE INDEPENDENT DR., SUITE 1710
Address 2	
City, State Zip	JACKSONVILLE, FL 32202

Name and Title	MR. JAMES A. MILLIGAN, DIRECTOR
Address 1	
Address 2	601 RIVERSIDE AVENUE
City, State Zip	JACKSONVILLE, FL 32204

N 2-6882

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Uniform Business Report

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Please enter additional business entities below.

Name and Title	MR. JAMES A. HEINZ, DIRECTOR
Address 1	2700 INDEPENDENT DR.
Address 2	
City, State Zip	JACKSONVILLE, FL 32202

Name and Title	
Address 1	
Address 2	
City, State Zip	

Name and Title	
Address 1	
Address 2	
City, State Zip	

Name and Title	
Address 1	
Address 2	
City, State Zip	

Name and Title	
Address 1	
Address 2	
City, State Zip	