

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90381 043 ****61.25

DOCUMENT # N26882

1. Entity Name

THE RIVER CLUB OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

1 INDEPENDENT DR.
 STE 3500
 JACKSONVILLE FL 32202
 US

1 INDEPENDENT DR.
 STE 3500
 JACKSONVILLE FL 32202
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0754058

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ELDRIDGE, TIMOTHY
INDEPENDENT DR 53500
JACKSONVILLE FL 32202

Name **Ramsey Trombetta**
 Street Address (P.O. Box Number is Not Acceptable)
ONE Independence Drive
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

Ramsey Trombetta

General Manager

4-30-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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	TD	<input checked="" type="checkbox"/> Delete
NAME	ZAMBETTI, MICHAEL	
STREET ADDRESS	8750 PHILLIPS HIGHWAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EDWARD W. LANE, III	
STREET ADDRESS	1735 BEACH AVE	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HUGHS, J. MICHAEL	
STREET ADDRESS	24190 BELFORD RD #351	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ZAHRA, JR, E. ELLIS	
STREET ADDRESS	5050 EDGEWOOD CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, PHILLIP	
STREET ADDRESS	200 W FOSYTH ST SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LOVETT, II, RADFORD	
STREET ADDRESS	1600 INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gibbs, Thomas E.	
STREET ADDRESS	50 N. Laura St.	
CITY-ST-ZIP	Jacksonville FL 32202	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Witchell, John, A.	
STREET ADDRESS	1897 Beach Ave	
CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Binehillo, William O.	
STREET ADDRESS	50 N. Laura St. Suite 3300	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mantha Lavathan	
STREET ADDRESS	P.O. Box 10788	
CITY-ST-ZIP	Jacksonville, FL 32247	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daker, John D. III	
STREET ADDRESS	155 1st St.	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hymans, Charles D.	
STREET ADDRESS	4300 March Landing Blvd.	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	

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:

Charles D. Hymans

4-30-01

904-355-6868

CR2E037 (10/00)