

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26882

1. Entity Name

THE RIVER CLUB OF JACKSONVILLE, INC.

FILED
Jun 04, 2002 8:00 am
Secretary of State

05-08-2002 90049 026 ****61.25

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

TROMBINO, RANDY
ONE INSEPPENSES DRIVE
SUITE 3000
JACKSONVILLE FL 32202

Name

DAN CARUSONE

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

ONE INDEPENDENT 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

Dan Caruso

General Manager

4-22-01

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 PD
NAME GOIBBS, THOMAS E *Coibbs* ☐ Delete
STREET ADDRESS 50 N. LAURA STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

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

TITLE VPD
NAME MITCHELL, JOHN A ☐ Delete
STREET ADDRESS 1897 BEACH BLVD
CITY-ST-ZIP ATLANTIC BEACH FL 32233

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

TITLE SD
NAME BINGHOLOS, WILLIAM O *Birdfield* ☐ Delete
STREET ADDRESS 50 N LAURA ST SUITE 3300
CITY-ST-ZIP JACKSONVILLE FL 32202

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

TITLE TD
NAME LANCHAM, MARTHA *Lanahan* ☐ Delete
STREET ADDRESS PO BOX 10788
CITY-ST-ZIP JACKSONVILLE FL 32247

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

TITLE D
NAME DAKER, JOHN D III ☒ Delete
STREET ADDRESS 155 21ST STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE ☐ Change ☐ Addition
NAME *D*
STREET ADDRESS *Tanzler, Hans*
CITY-ST-ZIP *3965 Ontec A Blvd.*
Jacksonville, FL 32210

TITLE D
NAME HYMAN, CHARLES D ☐ Delete
STREET ADDRESS 4300 MARCH LANDING BLVD
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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

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:

John A. Mitchell III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/04/2002 904-355-6868

Date

Daytime Phone #

CR2E037 (9/01)