

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46691

1. Entity Name

RIVERSIDE JACKSONVILLE CHAPTER #4694 OF AMERICAN

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90039 013 ****70.00

Principal Place of Business

Mailing Address

1827 CHERRY ST
JACKSONVILLE FL 32205
US

1827 CHERRY ST
JACKSONVILLE FL 32205-8701
US

2. Principal Place of Business

6845 Daughtry Blvd
Suite, Apt. #, etc.

3. Mailing Address

P O Box 7278
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL
Zip 32210 Country Duval

City & State

Jacksonville FL
Zip 32235 Country Duval

4. FEI Number

52-1687805

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZELUSKY, ELEANOR
1827 CHERRY ST
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name Pat Murzynsky
Street Address (P.O. Box Number is Not Acceptable) 6845 Daughtry Blvd S
City Jacksonville FL Zip Code 32210

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. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZELUSKY, ELEANOR	
STREET ADDRESS	1827 CHERRY STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MURZYNSKY, PAT	
STREET ADDRESS	6845 DAUGHTRY BOULEVARD SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUNGAN, JUNE	
STREET ADDRESS	1827 CHERRY ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RICHIE, HESTER	
STREET ADDRESS	6214 MERCADO DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	BM	<input type="checkbox"/> Delete
NAME	FURMAN, HERB	
STREET ADDRESS	8051 LAKE LAND DR	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	VBM	<input type="checkbox"/> Delete
NAME	TITUS, ALBINA	
STREET ADDRESS	2640 HUGH EDWARDS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURZYNSKY, PAT	
STREET ADDRESS	6845 DAUGHTRY BLVD SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELISSA FURMAN	
STREET ADDRESS	8051 LAKE LAND - DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHIE, HESTER	
STREET ADDRESS	6214 MERCADO DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNGAN, JUNE	
STREET ADDRESS	P O BOX 7278	
CITY-ST-ZIP	JACKSONVILLE FL 32235	
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		

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:

JUNE DUNGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-26-00 904 771-6609

CR2E037 (9/99)