

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49120

1. Entity Name

RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST FLO

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90023 008 ****61.25

Principal Place of Business

Mailing Address

1440 JEFFERSON ST., NORTH
JACKSONVILLE FL 32209

1440 JEFFERSON ST., NORTH
JACKSONVILLE FL 32209-6524

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3139548

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

COLLINS, MICHAEL P
4655 SAILBURY RD
STE 300
JACKSONVILLE FL 32256

Name: John Howard
Street Address (P.O. Box Number is Not Acceptable): Grenadier, Howard & Assoc.
4655 Salisbury Rd., Suite 300
City: Jacksonville FL Zip Code: 32256

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

John V. Howard

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

(NOTE: Registered Agent signature required when reinstating)

1/24/00

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: D ☐ Delete
NAME: BROCHU, JOHN
STREET ADDRESS: 3720 NW 43RD ST STE 100
CITY-ST-ZIP: GAINESVILLE FL

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

TITLE: D ☒ Delete
NAME: STREICHER, BILL
STREET ADDRESS: RT 13 BOX 184
CITY-ST-ZIP: LAKE CITY FL

TITLE: President ☐ Change ☒ Addition
NAME: Todd Lynch
STREET ADDRESS: 201 N. Hegan Street, Ste 100
CITY-ST-ZIP: Jacksonville, FL 32202

TITLE: D ☒ Delete
NAME: BENSON, MILTON J CAPT
STREET ADDRESS: NAVAL HOSPITAL JACKSONVILLE BLVD H2080
CITY-ST-ZIP: JAX FL

TITLE: Treasurer ☐ Change ☒ Addition
NAME: Gerald Weedon
STREET ADDRESS: 1200 Riverplace Blvd. Suite 800
CITY-ST-ZIP: Jacksonville, FL 32207

TITLE: T ☒ Delete
NAME: LANIER, JANE R
STREET ADDRESS: 1440 JEFFERSON ST NO
CITY-ST-ZIP: JAX FL

TITLE: Director Secretary ☐ Change ☒ Addition
NAME: Carol Oglesby
STREET ADDRESS: 256 Grinter Hall Box 115500
CITY-ST-ZIP: Gainesville, FL 32611

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

TITLE: Director ☐ Change ☒ Addition
NAME: Soy C. Hardaker
STREET ADDRESS: 1440 Jefferson St. N.
CITY-ST-ZIP: Jacksonville, FL 32209

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

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

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 V. Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00 904992-9921

Date

Daytime Phone #

CR2E037 (9/99)