

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N49120**

Entity Name

RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST FLORIDA AND SOUTHEAST GEORGIA, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90132 049 *****61.25

Principal Place of Business

Mailing Address

~~900 JEFFERSON ST., NORTH~~
~~JACKSONVILLE FL 32209~~ **32207****824 Children's Way**~~1140 JEFFERSON ST., NORTH~~
~~JACKSONVILLE FL 32209~~ **32207****824 Children's Way**

Principal Place of Business

3. Mailing Address

824 Children's Way**824 Children's Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville

4. FEI Number

59-3139548

Applied For

Not Applicable

Zip

32207

Country

Duval

Zip

32207

Country

Duval5. 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

HOWARD, JOHN
3820 SOUTHPPOINT PKWY
SUITE 1
JACKSONVILLE FL 32216

Name

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

City

FL

Zip Code

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

1/28/02**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 ☐ Delete
NAME **PD BROCHU, JOHN**
STREET ADDRESS **2700 NW 43RD ST SUITE C**
CITY-ST-ZIP **GAINESVILLE FL 32606**TITLE ☐ Delete
NAME **WEEDON, GERALD**
STREET ADDRESS **1200 RIVERPLACE BLVD STE 800**
CITY-ST-ZIP **JACKSONVILLE FL 32007**TITLE ☐ Delete
NAME **DS OGLESBY, CAROL**
STREET ADDRESS **256 GRINTER HALL BOX 1155**
CITY-ST-ZIP **GAINESVILLE FL 32011**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)