2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # **N93000001676** 1. Entity Name FOURTH JUDICIAL CIRCUIT CITIZENS REVIEW ADVISORY 01-18-2000 90028 042 ****61.25 Principal Place of Business Mailing Address 202 WHARFSIDE WAY 202 WHARFSIDE WAY JACKSONVILLE FL 32207-8108 JACKSONVILLE FL 32207 AUUUTAUUK 3. Mailing Address 2. Principal Place of Business 220 East Bay Street Suite, Apt. #, etc. Suite 601 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 111-Applied For City & State City & State 4. FEI Number 59-3201304 Jacksonville, Florida Not Applied del Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 32202 Duval 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PITTMAN, JEANNE R <u>220 East Bav Street</u> 202 WHARFSIDE WAY Suite 601 JACKSONVILLE FL 32207 Jacksonville 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Addition ☐ Delete TITLE Change TITLE NAME KNIGHT, BONNIE L NAME Lammerding, Jane STREET ADDRESS STREET ADDRESS 202 WHARFSIDE WAY 220 East Bay Street, Suite 601 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 <u>Jacksonville, FL 32202</u> ☐ Addition Change ☐ Delete TITLE VD TITLE VD NAME LAMMERDING, JANE A NAME Vicki Burke STREET ADDRESS STREET ADDRESS 202 WHARFSIDE WAY 220 East Bay Street, Suite 601 Jacksonville, FL 32202 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 K Change ☐ Addition SD Deleté TITLE TITLE Francis Cotter NAME COTTER, FRANCIS P NAME STREET ADDRESS 220 East Bay Street, Suite 601 STREET ADDRESS 202 WHARFSIDE WAY CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32202 JACKSONVILLE FL 32207 K Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME PITTMAN, JEANNE R Pittman, Jeanne R STREET ADDRESS 202 SHARFSIDE WAY STREET ADDRESS 220 East Bay Street, Suite 601 CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32207 <u>Jacksonville, FL 3</u>2202 ☐ Addition **∑**X€hange TITLE ☐ Delete TITLE ELLIS, KATHLEEN C NAME NAME Ellis, Kathleen C STREET ADDRESS STREET ADDRESS 202 WHARFSIDE WAY 220 East Bay Street, Suite 601 Jacksonville, FL 32202 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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