

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001417

1. Entity Name

ROTARY CLUB OF WEST JACKSONVILLE, FLORIDA, INCOR

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90138 005 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 382055
 JACKSONVILLE FL 32238

POST OFFICE BOX 382055
 JACKSONVILLE FL 32238-2055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1298191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PLATT, HARRY T
 4376 ROMA BLVD
 JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

GREGORY R. LARSON

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

4028 TIMUQUANA ROAD

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

Gregory R. Larson

GREGORY R. LARSON

4-28-00

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 NAME STREET ADDRESS CITY-ST-ZIP	DP GIBSON, CECIL F 22586 LOIS CROSS DR JACKSONVILLE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAWKINS, DEWITT C 4808 PRINCE EDWARD RD JACKSONVILLE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COLLIER, H D 4256 ROBIN HOOD RD JACKSONVILLE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PLATT, HARRY T III 4376 ROMA BLVD JACKSONVILLE FL 32202	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAWKINS, DEWITT C. 4808 PRINCE EDWARD RD JACKSONVILLE, FLORIDA 32210	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COLLIER, H. D. 4256 ROBIN HOOD RD JACKSONVILLE, FLORIDA 32210	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PLATT, HARRY T. III 4256 ROBIN HOOD RD JACKSONVILLE, FLORIDA 32210	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LARSON, GREGORY R. 4028 TIMUQUANA ROAD JACKSONVILLE, FLORIDA 32210	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Gregory R. Larson

4-28-00 9043882664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)