200	1 UNIFORM BUS	INESS REPO	RT	(UBI	R)					700	
DOCUMENT # N9400001417 1. Entity Name						DI NOVO					
ROTAR	y club of west Jackson	IVILLE, FLORIDA, INC	OR	5		14/S	ION OF CORI	STAFE PORATIONS			
Principal Place	ce of Business	Mailing Address				01 NOV 20 PM 1:39					
POST OFFICE BOX 382055 JACKSONVILLE FL 32238		POST OFFICE BOX 382055 JACKSONVILLE FL 32238						- 3			
					<u></u>						
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Ÿ	REINST FOONOT WRITE INTHIS SPACE					
City & State		City & State			4. FEI Number 59-1298191			<u> </u>	oplied For ot Applicable]	
Zip Country		Zip		Country		5. Certificate of Status Desired					
	6. Name and Address of Current	Registered Agent	-	Namo	7. Name and Address of New Registered Agent]	
				ł	Name Joseph P. Springer						
	GREGORY R		Street Address (I			P.O. Box Number is Not Acceptable) Dinter Drive, W				1-	
4028 TIMUOUANA RD JACKSONVILLE FL 32210										1	
571511551				City	T = _ 1			FL Zip Cod		1	
8. The above	named entity submits this statement for	or the purpose of changing its	register			sonville	the state of Florida	344	21	-	
	1 1	1.	·ogiotoi	ou omoo o	. rogiotoii	-		05802-			
SIGNATURE	Beach! So	OIINGIZ					-12/0 5// 0	/w/11/237 0)14	1	
ORANTONE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signat	ure required	when reinstating)	****236	- DATE ***	86.2 5	ĺ	
										1	
	FILE NOW: FEE IS \$61.25 ember 12, 2001, min. will be \$2	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		Check Payable artment of State				
10.	OFFICERS AND DI	DECTOR!	11.			DE TION OF THE				-	
TITLE	DP OFFICERS AND DI	OFFICERS AND DIRECTORS P Delete		TITLE DP		DDITIONS/CHANG	ES TO UFFICERS A	AND DIRECTORS IN	10 X ∷Addition	f≘	
NAME	DAWKINS, DEWITT C			NAME Lai		rson, Gregory R.					
STREET ADDRESS CITY-ST-ZIP	4808 PRINCE EDWARD RD			STREET ADDRESS 402		28 Timuquana Road				CR2E037 (5/01)	
TITLE	JACKSONVILLE FL 32210 DV	 Delete		Jac		ksonville	e, FL 32	210	F*** * 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12	
NAME	COLLIER, H. D.	- Delete				rigan Tr	Migha	☐ Change	Addition	ြ	
STREET ADDRESS	4256 ROBIN HOOD RD			STREET ADDRESS 146		rrigan, Jr., Michael L. 64 Avondale Circleg					
CITY-ST-ZIP	JACKSONVILLE FL 32210			Jac		cksonville, FL 32205					
TITLE NAME	DS PLATT, HARRY T III	Delete	TITLE		DS	ringer, J		☐ Change	Addition .		
STREET ADDRESS	4256 ROBIN HOOD RD		7	ET ADDRESS							
CITY-ST-ZIP 3	JACKSONVILLE FL 32210		CITY	Y-ST-ZIP Ja		551 Pointer Drive, W. acksonville, FL 32221					
TITLE	DT	★ Delete	TITLE		DT			☐ Change	Addition		
NAME LARSON, GREGORY STREET ADDRESS 4028 TIMUQUANA RD			-21			ss, Philip D.					
CITY-ST-ZIP JACKSONVILLE FL 32202				-ST-ZIP		l Ortega Farms Circle csonville, FL 32210				Ì	
TITLE		☐ Delete	TITLE		Jac	KSONVIIIE	, FL 32	210 ☐ Change	Addition	1	
NAME			A1244	- 1						1	

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 justee 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.

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



☐ Change

Addition