

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006940

1. Entity Name

RIVERSIDE AVONDALE DEVELOPMENT ORGANIZATION, INC

Principal Place of Business

2623 HERSCHEL ST.
JACKSONVILLE FL 32204

Mailing Address

2623 HERSCHEL ST.
JACKSONVILLE FL 32204

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GRISSETT, BONNIE T
2623 HERSCHEL ST.
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 D
NAME SMITH, DARRELL J
STREET ADDRESS 1521 TALBOT AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE D
NAME SMITH, BERNARD E
STREET ADDRESS 1481 AVONDALE AVE.
CITY-ST-ZIP JACKSONVILLE FL 32205 ☒ Delete

TITLE D
NAME BANCKS, SUSAN E
STREET ADDRESS 3835 OAK ST.
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☒ Change ☐ Addition
NAME Salvatore, Anthony J
STREET ADDRESS 1526 Copeland St
CITY-ST-ZIP Jacksonville, FL 32204

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

TITLE D ☐ Change ☒ Addition
NAME Burnett, Elaine
STREET ADDRESS 2616 Green St
CITY-ST-ZIP Jacksonville FL 32204

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bonnie T Grissett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

904-389-2449

Daytime Phone #

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90019 049 ****61.25

751263



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3479859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)