

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90264 048 ****61.25

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

2623 Herschel Street, 2nd FL
 Suite, Apt. #, etc.

3. Mailing Address

2623 Herschel Street, 2nd FL
 Suite, Apt. #, etc.

City & State

Jacksonville, Florida 32204

City & State

Jacksonville, Florida 32204

Zip

32204

Country

United States

Zip

32204

Country

United States

4. FEI Number

59-3479859

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 **Candyece King, Executive Director**

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

2623 Herschel Street, 2nd Floor

City **Jacksonville**

FL

Zip Code
32204

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

Candyece M King

2/26/02

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

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

TITLE **D** ☒ Delete
 NAME **SALVATORE, ANTHONY J**
 STREET ADDRESS **1526 COPELAND ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **D** ☐ Delete
 NAME **BURNETT, ELAINE**
 STREET ADDRESS **2616 GREEN ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

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 ☒ Change ☐ Addition
 NAME **Chairman**
 STREET ADDRESS **Darrell J. Smith**
 CITY-ST-ZIP **1512 Talbot Ave.
 Jacksonville, FL 32205**

TITLE ☒ Change ☐ Addition
 NAME **Secretary**
 STREET ADDRESS **Susan E. Bancks**
 CITY-ST-ZIP **3835 Oak St
 Jacksonville, FL 32205**

TITLE ☐ Change ☒ Addition
 NAME **Treasurer**
 STREET ADDRESS **Eric Rousseau**
 CITY-ST-ZIP **1526 Donald St
 Jacksonville, FL 32205**

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

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Tom Merten**
 CITY-ST-ZIP **2804 Post Street
 Jacksonville, FL 32204**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Brian Keith**
 CITY-ST-ZIP **4313 Baltic Street
 Jacksonville, Florida 32210**

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:

Darrell J. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02 (904)630-3153

Date

Daytime Phone #

CR2E037 (9/01)