

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000669

1. Entity Name

BUCKS VISIONARY OUTREACH FOUNDATION INC.

Principal Place of Business

9378 ARLINGTON EXPRESSWAY, STE 341
JACKSONVILLE FL 32225

Mailing Address

9378 ARLINGTON EXPRESSWAY, STE 341
JACKSONVILLE FL 32225

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

BUCKLAND, DWAYNE
9378 ARLINGTON EXPRESSWAY, STE 341
JACKSONVILLE FL 32225

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BUCKLAND, DWAYNE
9378 ARLINGTON EXPRESSWAY, STE 341
JACKSONVILLE FL 32225 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SKILLMAN, WISE
2970 HARTLEY RD, STE 102
JACKSONVILLE FL 32257 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SKILLMAN, MARIA B
W296 ARROWHEAD DRIVE
JACKSONVILLE FL 32257 ☐ Delete

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

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

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

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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:

Dwayne Buckland
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 15, 2001 (904) 548-0327
Date Daytime Phone #

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90034 041 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE
Applied For
Not Applicable

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

CR2E037 (10/00)