

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90116 047 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **Buckland Dwayne**
 STREET ADDRESS **1404 Arcadia Dr. #315**
 CITY-ST-ZIP **Jacksonville Fla 32207**

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 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:

Dwayne Buckland
DWAYNE BUCKLAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 2002 904548-0329
 Date Daytime Phone #

CR2E037 (9/01)