## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N99000001390 Jun 05, 2000 8:00 am **Secretary of State** RIVERSIDE ROTARY FOUNDATION, INC. 05-06-2000 90323 001 \*\*\*122.50 Mailing Address Principal Place of Business 8777 SAN JOSE BOULEVARD 8777 SAN JOSE BOULEVARD RUIT DING E BUILDING E JACKSONVILLE FL 32217 JACKSONVILLE FL 32217-4213 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3563414 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SHEALY: BRUCE-----8777 SAN JOSE BOULEVARD **BUILDING E** Zip Code City JACKSONVILLE FL 32217 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Delete TITLE TITLE NAME HOWARD, JOHN NAME CR2E037 STREET ADDRESS 8777 SAN JOSÉ BOULEVARD BLDG. E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Addition ☐ Change Delete TITLE TITLE norville, lee MAME NAME 8777 SAN JOSE BOULEVARD BLDG. E STREET ADORESS STREET ADORESS CITY-ST-ZIF CITY-ST-78 JACKSONVILLE FL 32217 Deleie ☐ Change ☐ Addition TITLE TITLE TURKNETT. LARRY NAME NAME STREET ADDRESS 8777 SAN JOSE BOULEVARD BLDG. E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl 32217 Delete TITLE ☐ Change Addition TITLE SHEALY, BRUCE NAME 8777 SAN JOSE BOULEVARD BLDG. E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32217 ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME

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 suppliemental 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP