

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
 04-28-2001 90022 016 ****61.25

DOCUMENT # N99000001390

1. Entity Name

RIVERSIDE ROTARY FOUNDATION, INC.

Principal Place of Business

**8777 SAN JOSE BOULEVARD
 BUILDING E
 JACKSONVILLE FL 32217**

Mailing Address

**8777 SAN JOSE BOULEVARD
 BUILDING E
 JACKSONVILLE FL 32217**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3563414

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SHEALY, BRUCE
 8777 SAN JOSE BOULEVARD
 BUILDING E
 JACKSONVILLE FL 32217**

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 NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, JOHN 8777 SAN JOSE BOULEVARD BLDG. E JACKSONVILLE FL 32217 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORVILLE, LEE 8777 SAN JOSE BOULEVARD BLDG. E JACKSONVILLE FL 32217 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURKNETT, LARRY 8777 SAN JOSE BOULEVARD BLDG. E JACKSONVILLE FL 32217 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEALY, BRUCE 8777 SAN JOSE BOULEVARD BLDG. E JACKSONVILLE FL 32217 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Earl S. Poitevent III 4575 St Johns Ave, Suite 3 Jacksonville, FL 32210 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1000 Riverside Avenue, Suite 505 Jacksonville, FL 32204
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
TITLE NAME STREET ADDRESS 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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01
 Date

(904) 730-0440
 Daytime Phone #

CR2E037 (10/00)