

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90021 039 ***150.00

DOCUMENT # S24488

1. Entity Name

320 RIVERSIDE PROPERTIES, INC.

Principal Place of Business

**2233 PARK AVENUE
 SUITE 500
 ORANGE PARK FL 32073**

Mailing Address

**2233 PARK AVENUE
 SUITE 500
 ORANGE PARK FL 32073**

2. Principal Place of Business

1008 PARK AVENUE

3. Mailing Address

1008 PARK AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

4. FEI Number

63-5131000

Applied For

Not Applicable

Zip

Country

USA

Zip

32073

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCAFFEE, ROBERT S.

2233 PARK AVENUE

STE 500

ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

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

1008 PARK AVENUE

City

ORANGE PARK

FL

Zip Code

32073

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D.	☐ Delete
NAME	MCAFFEE, ROBERT S.	
STREET ADDRESS	2233 PARK AVENUE, STE. 500	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VS	☐ Delete
NAME	MCAFFEE, ANN C.	
STREET ADDRESS	2233 PARK AVENUE, STE. 500	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VP	☐ Delete
NAME	MCAFFEE, MATHEW	
STREET ADDRESS	2233 PARK N.E. STE 580	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1008 PARK AVENUE	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	1008 PARK AVENUE	
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1008 PARK AVENUE	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-09-02

Date

904-269-8100

Daytime Phone #

CR2E034 (9/01)