

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90006 020 ****61.25

DOCUMENT # 740931

1. Entity Name

JEFFERSON CENTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

**930 N. TAMiami TRAIL
 SARASOTA FL 34236**

**930 N. TAMiami TRAIL
 SARASOTA FL 34236-4063**

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

58-1802270

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STULTS, MARY W.
 930 N TAMiami TRAIL
 SARASOTA FL 34236**

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

Mary W. Stults Administrator

2/16/00

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 Delete
 NAME **VD**
HAPPY, RICHARD T
 STREET ADDRESS **4320 CENTER POINTE LANE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME **TD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
MOHAMMED, SHAN A
 STREET ADDRESS **6840 HUGHES ST**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
REDFERN, HELEN
 STREET ADDRESS **1600 1ST AVE. WEST**
 CITY-ST-ZIP **BRADENTON FL**

TITLE Change Addition
 NAME **SD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
ELLIOTT, JOHN R
 STREET ADDRESS **6396 MIDNIGHT COVE RD913**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
PRENTICE, LOIS
 STREET ADDRESS **4024 CROCKERS LAKES BLVD, APT 612**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
MILLET, MARIE
 STREET ADDRESS **5876 CLUBSIDE DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE Change Addition
 NAME **VD**
Edgar Hord
 STREET ADDRESS **230 Gladiolus**
 CITY-ST-ZIP **Anna Maria, FL 34216**

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00 *941-953-9585*
 Date Daytime Phone #