

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90130 046 ****61.25

DOCUMENT # 745407

1. Entity Name

LOUIS PORTNOY FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**3335 N EDGEWOOD AVENUE
 JACKSONVILLE FL 32254
 US**

**4215 SOUTHPOINT BLVD
 #100
 JACKSONVILLE FL 32216-6191
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

4. FEI Number

59-1869914

Applied For

Not Applicable

Zip

Country

Zip

Country

32255

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

**ANSBACHER, LEWIS
 4215 SOUTHPOINT BLVD
 SUITE 100
 JACKSONVILLE FL 32216**

Name **Lewis Ansbacher**

Street Address (P.O. Box Number is Not Acceptable) **5150 Belfort Road**

Building 100

City **Jacksonville**

FL

Zip Code

32256

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)

3/15/00

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	SD	<input type="checkbox"/> Delete
NAME	ANSBACHER, LEWIS	
STREET ADDRESS	4215 SOUTHPOINT BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SCHNEIDER, MICHAEL N	
STREET ADDRESS	4215 SOUTHPOINT BLVD., #100	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	V	<input type="checkbox"/> Delete
NAME	PORTNOY, JERRY	
STREET ADDRESS	9550 KUHN RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PORTNOY, GOLDIE	
STREET ADDRESS	2823 EVERCHARM PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)