

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90066 039 ****61.25

DOCUMENT # N46252

1. Entity Name

J.K.V. FOUNDATION, INC.

Principal Place of Business

Mailing Address

**101 NORTHLAKE DRIVE
 ORANGE CITY FL 32763**

**101 NORTHLAKE DRIVE
 ORANGE CITY FL 32763-6167**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3108265

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

**WRIGHT, GARY S
 301 N VOLUSIA AVE.
 ORANGE CITY FL 32763**

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	D	<input type="checkbox"/> Delete
NAME	HARDESTY, ALONZO H III	
STREET ADDRESS	1450 W. VOLUSIA AVE, STE. 7	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCGHIN, ANDREW J JR	
STREET ADDRESS	3A DOGWOOD CT.	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARREN, RALPH E	
STREET ADDRESS	3B WESTLAKE DR.	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CALLANDER, MARGARET M	
STREET ADDRESS	9B AZALEA DR.	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	STARK, DENNIS M	
STREET ADDRESS	1907 ODHAM DRIVE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORNETT, TAVER	
STREET ADDRESS	500 E NEW YORK AVE.	
CITY-ST-ZIP	DELAND FL 32720	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brunning, Barbara A.	
STREET ADDRESS	725 North Florida Avenue	
CITY-ST-ZIP	DeLand FL 32720	
TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James, Margaret T.	
STREET ADDRESS	7-B Westlake Drive	
CITY-ST-ZIP	Orange City FL 32763	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Magee, Carol	
STREET ADDRESS	5-B Northlake Drive	
CITY-ST-ZIP	Orange City FL 32763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Andrew J. McGhin, Jr. **Andrew J. McGhin, Jr.** 3/7/00 904-851-0015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #