2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N96000005339** May 05, 2000 8:00 am 1. Entity Name Secretary of State DEMETREE FAMILY FOUNDATION, INC. 05-05-2000 90036 016 ****61.25 Principal Place of Business Mailing Address C/O ELISA A. DEMETREE C/O ELISA A. DEMETREE 3740 BEACH BLVD SUITE 300 3740 BEACH BLVD SUITE 300 JACKSONVILLE FL 32207-3818 JACKSONVILLE FL 32207 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3407379 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DEMETREE, ELISA A 3740 BEACH BLVD SUITE 300 JACKSONVILLE FL 32207 Zip Code City FL 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. 大门引水(水) · 水下沟 下字道 r may begin i SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME Demetree, Jack C STREET ADDRESS 3740 BEACH BLVD SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32207 Change ☐ Addition TITLE TITLE ☐ Delete NAME DEMETREE, BETTY A NAME STREET ADDRESS STREET ADDRESS 3740 BEACH BLVD SUITE 300 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Addition ☐ Delete Change TITLE TITLE NAME DEMETREE, MARK C NAME STREET ADDRESS STREET ADDRESS 3740 BEACH BLVD SUITE 300 CITY-ST-ZIP CITY-ST-7IP Jacksonville FL 32207 Change ☐ Addition ☐ Delete TITI F TITLE NAME DEMETREE, JACK C JR NAME STREET ADDRESS STREET ADDRESS 3740 BEACH BLVD SUITE 300 CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Change ☐ Addition TITLE Delete TITLE DEMETREE, ELISA A NAME NAME STREET ADDRESS STREET ADDRESS 3740 BEACH BLVD SUITE 300 CITY-ST-ZIE CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Change ■ Addition TITLE ☐ Delete TITLE DOHERTY, LESLIE D NAME NAME STREET ADDRESS STREET ADDRESS 3740 BEACH BLVD SUITE 300 CITY-ST-ZIP Jacksonville FL 32207 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

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

Date

Date

Description Phone #

changed, or on an attachment with an address, with all other like empowered