

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90194 034 ****61.25

DOCUMENT # N14095

1. Entity Name

SETZER FAMILY FOUNDATION, INC.



Principal Place of Business

~~50 NORTH LAURA STREET~~
~~SUITE 3900~~
~~JACKSONVILLE FL 32202~~

Mailing Address

~~50 NORTH LAURA STREET~~
~~SUITE 3900~~
~~JACKSONVILLE FL 32202~~

2. Principal Place of Business
c/o L.R.S. Co.

Suite, Apt. #, etc.
903 University Blvd. N.

City & State
Jacksonville, Fl.

Zip
32211-5529

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2685979**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~INTRASTATE REGISTERED AGENT CORPORATION~~
~~701 BRICKELL AVENUE~~
~~SUITE 3900~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name
Leonard R. Setzer

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

903 University Blvd. N.

City
Jacksonville

FL

Zip Code
32211-5529

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Leonard R. Setzer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-27-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SETZER, DEBRA**
STREET ADDRESS **903 UNIVERSITY BLVD N.**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **PSTD** ☐ Delete
NAME **SETZER, LEONARD R**
STREET ADDRESS **903 UNIVERSITY BLVD N.**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **VD** ☐ Delete
NAME **SELBER, LEONARD**
STREET ADDRESS **50 N. LAURA STREET., STE 3900**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

3-27-03

904-743-0880

CR2E037 (10/02)