

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0010742

DOCUMENT # 700886

1. Entity Name

IVEY MEMORIAL FOUNDATION, INC.

03-12-2001 90501 031 ****61.25

Principal Place of Business

**C/O RIVERSIDE PK UNITED METHODCHURCH
 819 PARK ST
 JACKSONVILLE FL 32204**

Mailing Address

**C/O RIVERSIDE PK UNITED METHODCHURCH
 819 PARK ST
 JACKSONVILLE FL 32204**

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

23-7211219

Applied For

Not Applicable

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

**NEWMAN, VIRGINIA
 819 PARK ST
 JACKSONVILLE FL 32204-3393**

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

Virginia Newman

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

(NOTE: Registered Agent signature required when reinstating)

3-5-01

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	PDB	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, CHARLES	
STREET ADDRESS	10440 OSPREY NEST DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, WAYNE	
STREET ADDRESS	4743 PRINCE EDWARD R	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARRIGG, DIANE	
STREET ADDRESS	4300 LAKESIDE DR, #7	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, CHRISTI ALLEN	
STREET ADDRESS	3411 KEGLER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, BRIAN	
STREET ADDRESS	3430 KEGLER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HITTELL, BARBARA	
STREET ADDRESS	10728 GOLDEN SPIKE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

TITLE	PDB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis, Jr. Dan	
STREET ADDRESS	1540 Alexandria Place	
CITY-ST-ZIP	Jacksonville FL 32216	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen, Jim	
STREET ADDRESS	1445 Ryan Road	
CITY-ST-ZIP	Jacksonville FL 32216	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pickren, Julie	
STREET ADDRESS	10728 Golden Spike Lane	
CITY-ST-ZIP	Jacksonville, FL 32257	
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		
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:

Dan Lewis, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

904-355-5491