

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90207 022 ****61.25

DOCUMENT # 713399

1. Entity Name

IDA M. STEVENS FOUNDATION, INC.

Principal Place of Business

Mailing Address

4595 LEXINGTON AVE., SUITE #100
 P O BOX 7691
 JACKSONVILLE FL 32210
 US

4595 LEXINGTON AVE., SUITE #100
 P O BOX ~~7691~~ 7691
 JACKSONVILLE FLA 32210-3058
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL

4. FEI Number

59-1746148

Applied For

Not Applicable

Zip

Country

Zip

Country

32238

Duval

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

MILNE, DOUGLAS J.
 4595 LEXINGTON AVE.
 JACKSONVILLE FL 32210

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	VTD	<input type="checkbox"/> Delete
NAME	LEMMEL, DAVID	
STREET ADDRESS	1303 PULLEN RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ASHBY, C.L.G.	
STREET ADDRESS	1604 STOCKTON STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SDV	<input type="checkbox"/> Delete
NAME	MILNE, D J	
STREET ADDRESS	4595 LEXINGTON AVE #100	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HIGHTOWER, B. W.	
STREET ADDRESS	1514 NIRA STREET	
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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: *Douglas S. Milne* **DOUGLAS S. MILNE** 4/29/00 904.387.5400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)