

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715494

1. Entity Name

JEROME AND NORMA KIPNIS FOUNDATION, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90040 042 \*\*\*\*61.25

Principal Place of Business

5991 CHESTER AVENUE  
SUITE 104  
JACKSONVILLE FL 32217  
US

Mailing Address

5991 CHESTER AVENUE  
SUITE 104  
JACKSONVILLE FL 32217-2265  
US

2. Principal Place of Business

5150 Belfort Road

3. Mailing Address

5150 Belfort Road

Suite, Apt. #, etc.

Bldg. 300

Suite, Apt. #, etc.

Bldg. 300

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32256

Country

USA

Zip

32256

Country

USA

6. Name and Address of Current Registered Agent

KIPNIS, JEROME L.  
11111 BISCAYNE BLVD.  
MIAMI FL 33161

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KIPNIS, PATRICIA  
CITY-ST-ZIP 11111 BISCAYNE BLVD  
MIAMI FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS JAFFE, LAWRENCE  
CITY-ST-ZIP 5991 CHESTER AVENUE - SUITE 104  
JACKSONVILLE FL

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS KIPNIS, JEROME L  
CITY-ST-ZIP 11111 BISCAYNE BLVD  
MIAMI FL

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 5150 Belfort Road, Bldg. 300  
CITY-ST-ZIP Jacksonville, FL 32256

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

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

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

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:

*L. JAFFE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00  
Date

Daytime Phone #

CR2E037 (9/99)