

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90202 042 ****61.25

DOCUMENT # 719756

1. Entity Name
THE DAVID A. STEIN FAMILY FOUNDATION, INC.



Principal Place of Business
**220 PONTE VEDRA PARK DR
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**220 PONTE VEDRA PARK DR
PONTE VEDRA BEACH, FL 32082**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-6152351

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**STEIN, DAVID A
220 PONTE VEDRA PARK DR
PONTE VEDRA BEACH, FL 32082**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SDP
STEIN, DAVID A
9000 REGENCY SQ BLVD
JACKSONVILLE, FL 00000** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SDP
Stein, David A.
220 Ponte Vedra Park Dr. #160
Ponte Vedra Beach, FL 32082-6616** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
STEIN, TRACEY
9000 REGENCY SQ BLVD
JACKSONVILLE, FL 00000, 32211** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Stein, Tracey
220 Ponte Vedra Park Dr. #160
Ponte Vedra Beach, FL 32082-6616** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV-
STEIN, LINDA B
9000 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32211** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
Stein, Linda B
220 Ponte Vedra Park Dr. #160
Ponte Vedra Beach, FL 32082-6616** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBBINS, ALLISON
9000 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32211** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.
Robbins, Allison
220 Ponte Vedra Park Dr. #160
Ponte Vedra Beach, FL 32082-6616** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/08 504-143-7074