

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721514

1. Entity Name

THE WOLFSON FAMILY FOUNDATION, INC.

Principal Place of Business

3733 UNIV BLVD W STE 110  
P O BOX 4  
JACKSONVILLE FL 32217

Mailing Address

3733 UNIV BLVD W STE 110  
P O BOX 4  
JACKSONVILLE FL 32217-2111

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0995431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOMBERLIN, M.C.  
3733 UNIVERSITY BOULEVARD WEST  
JACKSONVILLE FL

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 NAME STREET ADDRESS CITY-ST-ZIP	D WOLFSON, STEPHEN P. 150 N. HALIFAX DR ORMOND BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFSON, GARY L. 4076 NW 95TH AVENUE RD. OCALA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFSON, MICHAEL S. 650 PARK AVENUE, 17A NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGEN, JOE I. 7309 S. GARY PLACE TULSA OK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGEN, SLYVIA W. 7309 S GARY PLACE TULSA OK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WOLFSON, CECIL 650 PARK AVE., #17A NEW YORK NY	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFSON, NATHAN P. O. BOX 1328 LAKE ARROWHEAD, CA 92352	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFSON, SAUL 6750 EPPING FOREST WAY, NORTH, #114 JACKSONVILLE, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFSON, RICHARD J. 1301 FIRST STREET, SOUTH #1101 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, MORRIS D. 214 EAST HILL STREET PLAINWELL, MICHIGAN 49080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOMBERLIN, M.C. 3235 FRONT ROAD JACKSONVILLE, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, ROBERT O. 10 SOUTH NEWMAN STREET, SUITE ONE JACKSONVILLE, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90142 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4-27-00 (904) 632-2160