

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90052 010 \*\*\*\*61.25

0012101

**DOCUMENT # 721514**

1. Entity Name

**THE WOLFSON FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

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

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

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

**59-0995431**

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

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

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 **D** ☐ Delete  
NAME **WOLFSON, STEPHEN P.**  
STREET ADDRESS **150 N. HALIFAX DR**  
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Wolfson, Nathan**  
STREET ADDRESS **P. O. Box 1328**  
CITY-ST-ZIP **Lake Arrowhead, CA 92352**

TITLE **D** ☐ Delete  
NAME **WOLFSON, GARY L.**  
STREET ADDRESS **4076 NW 95TH AVENUE RD.**  
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Wolfson, Saul**  
STREET ADDRESS **6750 Epping Forest Way, North, #114**  
CITY-ST-ZIP **Jacksonville, FL 32217**

TITLE **D** ☐ Delete  
NAME **WOLFSON, MICHAEL S.**  
STREET ADDRESS **650 PARK AVENUE, 17A**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ Change ☒ Addition  
NAME **Wolfson, Richard J.**  
STREET ADDRESS **1301 First Street, South #1101**  
CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE **D** ☐ Delete  
NAME **DEGEN, JOE I.**  
STREET ADDRESS **7309 S. GARY PLACE**  
CITY-ST-ZIP **TULSA OK**

TITLE **D** ☐ Change ☒ Addition  
NAME **Edwards, Morris D.**  
STREET ADDRESS **214 East Hill Street**  
CITY-ST-ZIP **Plainwell, Michigan 49080**

TITLE **D** ☒ Delete  
NAME **DEGEN, SLYVIA W.**  
STREET ADDRESS **7309 S GARY PLACE**  
CITY-ST-ZIP **TULSA OK**

TITLE **DS** ☐ Change ☒ Addition  
NAME **Tomberlin, M.C.**  
STREET ADDRESS **3235 Front Road**  
CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE **CD** ☐ Delete  
NAME **WOLFSON, CECIL**  
STREET ADDRESS **650 PARK AVE., #17A**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **T** ☐ Change ☒ Addition  
NAME **Johnson, Robert O.**  
STREET ADDRESS **10 S. Newnan Street, Suite One**  
CITY-ST-ZIP **Jacksonville, FL 32202**

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 OF ROBERT O. JOHNSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-11-01**

**904-632-2160**

CR2E037 (10/00)