

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 721514**

1. Entity Name

THE WOLFSON FAMILY FOUNDATION, INC.**FILED****May 20, 2002 8:00 am**
Secretary of State

05-20-2002 90115 013 ****61.25

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****B0106738**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0995431**

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****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 \$61.259. 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, Saul**
STREET ADDRESS **6750 Epping Forest Way, North #114**
CITY-ST-ZIP **Jacksonville, FL 32217**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, Richard J.**
STREET ADDRESS **10901 Burnt Mill Road**
CITY-ST-ZIP **Jacksonville, FL 32250**TITLE **D** ☐ Delete
NAME **WOLFSON, MICHAEL S.**
STREET ADDRESS **650 PARK AVENUE, 17A**
CITY-ST-ZIP **NEW YORK NY**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, JOE I.**
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 **D** ☐ Delete
NAME **WOLFSON, NATHAN**
STREET ADDRESS **P O BOX 1328**
CITY-ST-ZIP **LAKE ARROWHEAD CA 92352**TITLE **T** ☐ Change ☒ Addition
NAME **Johnson, Robert O.**
STREET ADDRESS **10 S. Newnan St., Suite One**
CITY-ST-ZIP **Jacksonville, FL 32202**TITLE **CD** ☐ Delete
NAME **WOLFSON, CECIL**
STREET ADDRESS **650 PARK AVE., #17A**
CITY-ST-ZIP **NEW YORK NY**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:

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

Date

Daytime Phone #

4.25.02**904**

CR2E037 (9/01)