

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726471

1. Entity Name

DUVAL COUNTY 4-H FOUNDATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90250 013 ****61.25

Principal Place of Business

1010 NO MCDUFF AVE.
JACKSONVILLE FL 32254
US

Mailing Address

1010 NO MCDUFF AVE.
JACKSONVILLE FL 32254-2031
US

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

59-1774990

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

~~HALUSKY, MARILYN J~~
~~1358 LAKEWOOD DR~~
~~JACKSONVILLE FL 32259~~

Delete

Name JUDITH TOULOUSE

Street Address (P.O. Box Number is Not Acceptable)

1010 McDuff

City

Jacksonville

FL

Zip Code
32254

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

Judith Toulouse *Judith Toulouse*

4/24/2000

(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 VP ☐ Delete
NAME KENNEY, MICHAEL
STREET ADDRESS 50 N LAURA ST STE 3700
CITY-ST-ZIP JACKSONVILLE FL 32245-6368

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

TITLE P ☐ Delete
NAME JAMMES, DENNIS
STREET ADDRESS 4437 EMERSON
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE S ☐ Delete
NAME HOLIFIELD, LEE
STREET ADDRESS 4157 TIMAQUANA RD
CITY-ST-ZIP JACKSONVILLE FL 32210

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

TITLE D ☐ Delete
NAME DANIEL, AUBREY
STREET ADDRESS 1222 GRANDVIEW DR
CITY-ST-ZIP JACKSONVILLE FL 32211-6031

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

TITLE D ☐ Delete
NAME ROEGNER, GARY
STREET ADDRESS 6905 HANSON DR S
CITY-ST-ZIP JACKSONVILLE FL 32210

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

TITLE D ☐ Delete
NAME MOORE, W.S SR
STREET ADDRESS 10113 WHIPPOORWHILL LANE #413
CITY-ST-ZIP JACKSONVILLE FL 32256

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:

Judith Toulouse *Judith Toulouse*

Date

Daytime Phone #

CR2E037 (9/99)