

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 834447

1. Entity Name

LT. J.G. WALTER A. JACOBS FOUNDATION, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90080 003 ****61.25

Principal Place of Business

5222 N. BAY RD.
MIAMI BCH. FL 33140
US

Mailing Address

5222 N. BAY RD.
MIAMI BEACH FL 33140-2011
US

2. Principal Place of Business

720 N.E. 69TH ST
Suite, Apt. #, etc.
APT 7S

City & State
MIAMI FL

Zip 33138 Country

3. Mailing Address

720 N.E. 69TH ST
Suite, Apt. #, etc.
APT. 7S

City & State
MIAMI FL

Zip 33138 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-2491585

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

E. H. G. RESIDENT AGENTS INC.
2601 S. BAYSHORE DR.
STE. 1225
MIAMI FL 33133

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	VPD	<input type="checkbox"/> Delete
NAME	JACOBS, SALLY	
STREET ADDRESS	5222 N. BAY RD.	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JACOBS, RICHARD F	
STREET ADDRESS	5222 NORTH BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUMENTHAL, JANE	
STREET ADDRESS	1730 N. VIEW DR.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KREPS, ANDERW	
STREET ADDRESS	5222 N. BAY RD.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KREPS, DAVID	
STREET ADDRESS	5222 N. BAY RD.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICHARD F. JACOBS 4/7/00 305-674-2434

CF2E037 (9/99)