

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90027 042 \*\*\*150.00

DOCUMENT # **H99508**

1. Entity Name  
**METHODIST FOUNDATION GIFT SHOPS, INC.**

Principal Place of Business      Mailing Address  
**580 WEST 8TH STREET**      ~~655 W EIGHTH ST.~~  
**JACKSONVILLE FL 32209**      **ATTN: KELLY RIGDON ADMINISTRATORS**  
~~JACKSONVILLE FL 32209~~

00040J0J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Attention: Charles Caniff  
 City & State      Suite, Apt. #, etc.  
 City & State      **655 West 8th Street**  
 Zip      Country      **Jacksonville, FL.**  
 Zip      Country      **32209**

4. FEI Number      **59-2687347**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired            **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
**SMITH HULSEY & BUSEY**  
**225 WATER STREET**  
**SUITE 1800**  
~~JACKSONVILLE FL 32202~~

7. Name and Address of New Registered Agent  
 Name      **Charles E. Caniff, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**655 West 8th Street**  
 City      **Jacksonville**      FL      Zip Code      **32209**

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      *Charles E. Caniff*      DATE      **4/27/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CPD	NORTON, ROBERT	655 W 8TH ST.	JACKSONVILLE FL <del>32202</del>	<input type="checkbox"/>
VD	GAY, GREG	655 W 8TH ST	JACKSONVILLE FL <del>32202</del>	<input type="checkbox"/>
<del>D</del>	FREEDMAN, DAVID	655 W 8TH ST	JACKSONVILLE FL 32202	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
			zip: 32209	<input type="checkbox"/>	<input type="checkbox"/>
TD			zip: 32209	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Charles E. Caniff	655 West 8th Street	Jacksonville, FL. 32209	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles E. Caniff*      Charles E. Caniff      DATE      4/27/01      Daytime Phone #      904-244-5984  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)