

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000530

1. Entity Name

HUGH JAMEISON FOUNDATION, INC.

FILED

Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90057 022 ****61.25

Principal Place of Business

9411 NW 3RD STREET
PEMBROKE PINES FL 33024

Mailing Address

9411 NW 3RD STREET
PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

P. O. BOX 848673

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PEMBROKE PINES, FL

4. FEI Number

65-0975978

Applied For

Not Applicable

Zip

Country

Zip

Country

33084

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMEISON, EULETT
9411 NW 3RD STREET
PEMBROKE PINES FL 33024

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JAMEISON, EULETT
9411 NW 3RD STREET
PEMBROKE PINES FL 33024 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
JAMEISON, DAVID
140 SW 96TH TERRACE
PEMBROKE PINES FL 33024 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JAMIESON, DAVID
140 SW 96TH TERRACE
PEMBROKE PINES, FL 33024 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
STEWARTSON, JOSCELYN
15629 SW 16TH COURT
PEMBROKE PINES FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
JAMEISON, SHARI
9411 NW 3RD STREET
PEMBROKE PINES, FL 33024 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
JAMEISON, SHARI
9411 NW 3RD STREET
PEMBROKE PINES FL 33024 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
OSBORNE, HUGH
12507 NW 23RD STREET
PEMBROKE PINES FL 33028 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCGOWAN, VANDELIN
1430 SW 87TH TERRACE
PEMBROKE PINES FL 33025 ☐ Delete

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

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:

Richard A. James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/01

305 362-1166

CR2E037 (10/00)