

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91323 029 ****70.00

DOCUMENT # N00000000530

1. Entity Name

HUGH JAMEISON FOUNDATION, INC.

Principal Place of Business

Mailing Address

**9411 NW 3RD STREET
 PEMBROKE PINES FL 33024**

**P.O. BOX 848673
 PEMBROKE PINES FL 33084**

2. Principal Place of Business

3461 Cluster Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Zip

33025

Country

United States

Zip

Country

4. FEI Number

65-0975978

Applied For

Not Applicable

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: Shari Francis
 Street Address (P.O. Box Number is Not Acceptable):
 3461 Cluster Road
 Miramar
 City: Miramar FL Zip Code: 33025**

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

Shari Francis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/18/02

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 NAME STREET ADDRESS CITY-ST-ZIP | PD JAMEISON, EULETT 9411 NW 3RD STREET PEMBROKE PINES FL 33024 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JAMIESON, DAVID 140 SW 88TH TERRACE PEMBROKE PINES FL 33024 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD STEWARTSON, JOSCELYN 15829 SW 16TH COURT PEMBROKE PINES FL 33027 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP JAMEISON, SHARI 9411 NW 3RD STREET PEMBROKE PINES FL 33024 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD OSBORNE, HUGH 12507 NW 23RD STREET PEMBROKE PINES FL 33028 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCGOWAN, VANDELIN 1430 SW 87TH TERRACE PEMBROKE PINES FL 33025 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

**DVP
 FRANCIS, SHARI
 3461 Cluster Road
 Miramar, FL 33025**

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:

Shari Francis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

Date

954 658 9196

Daytime Phone #

CR2E037 (9/01)