

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90067 014 \*\*\*\*61.25

**DOCUMENT # N00000000530**

1. Entity Name

**HUGH JAMEISON FOUNDATION, INC.**



Principal Place of Business

**3461 CLUSTER ROAD  
PEMBROKE PINES FL 33025**

Mailing Address

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

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 **65-0975978**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FRANCIS, SHARI  
3461 CLUSTER ROAD  
MIRAMAR FL 33025**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>JAMEISON, EULETT</b>	
STREET ADDRESS	<b>9411 NW 3RD STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JAMIESON, DAVID</b>	
STREET ADDRESS	<b>140 SW 98TH TERRACE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEWARTSON, JOSCELYN</b>	
STREET ADDRESS	<b>15629 SW 16TH COURT</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33027</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>FRANCIS, SHARI</b>	
STREET ADDRESS	<b>3461 CLUSTER ROAD</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>OSBORNE, HUGH</b>	
STREET ADDRESS	<b>12507 NW 23RD STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCGOWAN, VANDELIN</b>	
STREET ADDRESS	<b>1430 SW 87TH TERRACE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33025</b>	

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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jamieson, David</b>	
STREET ADDRESS	<b>16630 SW 62nd Avenue</b>	
CITY-ST-ZIP	<b>Southwest Ranches, FL 33331</b>	
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Osborne, Hugh</b>	
STREET ADDRESS	<b>12507 NW 23rd Street</b>	
CITY-ST-ZIP	<b>Pembroke Pines, FL 33028</b>	
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: SHARI FRANCIS REQUIRED**

(954) 536-7424

CR2E037 (10/02)

Attachment

90054587

DOCUMENT # N00000000530

ADDITIONAL OFFICERS AND DIRECTORS FOR THE HUGH JAMEISON FOUNDATION

ADDITION:

TITLE: T,D

NAME: JAMIESON, ANDLEY

ADDRESS: 7929 CORAL BLVD

MIRAMAR, FL 33023