

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 08, 2001 8:00 am
Secretary of State

01-11-2001 90019 012 ****61.25

DOCUMENT # N00000000631

1. Entity Name

THE BENEVOLENT EMPIRE FOUNDATION, INC.

Principal Place of Business

**315 SCENIC POINT LANE
ORANGE PARK FL 32073**

Mailing Address

**315 SCENIC POINT LANE
ORANGE PARK FL 32073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **32003**

Country

Zip **32003**

Country

4. FEI Number

59-3632170

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLACKBURN, DENNIS L
6620 SOUTHPPOINT DR. SOUTH, SUITE 200
JACKSONVILLE FL 32216**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<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 checked="" type="checkbox"/> Addition
PD	Dr. Rita S. Pringle	315 Scenic Point Lane	Orange Park, FL 32003		
SD	Secretary	Cynthia Fowler	350 Manson Lane		
		Jacksonville, FL 32220			
TD	Treasurer	Nicholas Simonic	8750 Perimeter Park		
		Jacksonville, FL 32216			
	Board Member	Mark Lewis	4359 Queensway Drive		
		Jacksonville, FL 32257			
	Board Member	Elpidio Santos	6852 Plum Lake Drive E.		
		Jacksonville, FL 32222			

CR2E037 (10/00)

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:

Rita S. Pringle**1/5/01****904 269 6820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #