

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90044 030 \*\*\*\*61.25

DOCUMENT # N00000000631

1. Entity Name

**THE BENEVOLENT EMPIRE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**315 SCENIC POINT LANE  
ORANGE PARK FL 32003**

**315 SCENIC POINT LANE  
ORANGE PARK FL 32003**

2. Principal Place of Business

**426 Cedar Creek Rd.**

3. Mailing Address

**426 Cedar Creek Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Palatka Florida**

**Palatka Florida**

City & State

City & State



DO NOT WRITE IN THIS SPACE

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 SOUTHPOINT 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **PRINGLE, RITA S**  
STREET ADDRESS **315 SCENIC POINT LANE**  
CITY-ST-ZIP **ORANGE PARK FL 32003**

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

TITLE **SD** ☐ Delete  
NAME **FOWLER, CYNTHIA**  
STREET ADDRESS **350 MANSON LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32220**

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

TITLE **TD** ☐ Delete  
NAME **SIMONIC, NICHOLAS**  
STREET ADDRESS **8750 PERIMETER PARK**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE **BM** ☐ Delete  
NAME **LEWIS, MARK**  
STREET ADDRESS **4359 QUEENSWAY DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

TITLE **BM** ☐ Delete  
NAME **SANTOS, ELPIDIO**  
STREET ADDRESS **6852 PLUM LAKE DRIVE EAST**  
CITY-ST-ZIP **JACKSONVILLE FL 32222**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/14/02**

**904-776-8232**

CR2E037 (9/01)