

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90006 048 ****61.25

DOCUMENT # N000000001260

1. Entity Name

The Jack & Mary Murray Foundation, Inc. ✓

DO NOT WRITE IN THIS SPACE

B0054452

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
777 Harbor Island Blvd.

3. Mailing Address
777 Harbor Island Blvd.

Suite, Apt. #, etc.
Suite 760

Suite, Apt. #, etc.
Suite 760

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3629657

Applied For
Not Applicable

Zip
33602

Country

Zip
33602

Country

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
J. Eric Taylor

Street Address (P.O. Box Number is Not Acceptable)
101 E. Kennedy Blvd., Suite 2700

City
Tampa

FL

Zip Code
33602

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

FEE IS \$61.25
Initial or Amended UBR

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
D/P/S/T
James K. Murray, III
777 Harbor Island Blvd., Ste 760
Tampa, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Mary B. Murray
777 Harbor Island Blvd., Ste 760
Tampa, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Sandra H. Murray
777 Harbor Island Blvd., Ste 760
Tampa, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)