

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

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90084 003 ****61.25

DOCUMENT # N00000001385

1. Entity Name

VISION IS PRICELESS COUNCIL FOUNDATION, INC.



Principal Place of Business

**1820 BARRS STREET, SUITE 546
JACKSONVILLE FL 32204**

Mailing Address

**1820 BARRS STREET, SUITE 546
JACKSONVILLE FL 32204**

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 **59-3681313**

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

**F&L CORP.
200 LAURA STREET NORTH, THIRD FLOOR
JACKSONVILLE FL 32202**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	WIGGINS, C. DONALD	225 WATER STREET SUITE 1250 JACKSONVILLE FL 32202				
	D	BETCHKAL, JANET A MD	1820 BARRS STREET, SUITE 546 JACKSONVILLE FL 32204				
	D	KUNTZEN, JIM V	3100 UNIVERSITY BLVD, S. STE 230 JACKSONVILLE FL 32202				
	C	THORSEN, JEFF	4600 TOUCHTON ROAD E. # 200 JACKSONVILLE FL 32246				
	D	CASSIDY, ARCH	225 W. WATER STREET, STE 1235 JACKSONVILLE FL 32202				
	D	GIBSON, ROGER	1301 RIVERPLACE BLVD, STE 2300 JACKSONVILLE FL 32207				

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: *James W. Beauford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

(904) 384-3500

CR2E037 (10/02)