

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90274 006 ****61.25

DOCUMENT # N00000003320

1. Entity Name

JARVIS FOUNDATION, INC.

Principal Place of Business

Mailing Address

**4770 N.W. 10TH CT., #316
 PLANTATION FL 33313**

**P O BOX 14501
 FORT LAUDERDALE FL 33312
 US**

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

65-1019956

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**CHAMBLISS, LINDA
 707 S.E. 3RD AVE., #101
 FT. LAUDERDALE FL 33316**

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 **BOODY, DOUGLAS**
 STREET ADDRESS **4770 N.W. 10TH CT., #316**
 CITY-ST-ZIP **PLANTATION FL 33313**

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

TITLE **D** ☐ Delete
 NAME **AMATO, GAIL**
 STREET ADDRESS **460 N.W. 79TH AVE.**
 CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE **D** ☐ Delete
 NAME **RICHTER, MARIA**
 STREET ADDRESS **1170 N. FEDERAL HWY., #104**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

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

TITLE **SD** ☐ Delete
 NAME **DUNN, SUSAN**
 STREET ADDRESS **1975 NE 15TH AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

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

TITLE **T** ☒ Delete
 NAME **SCAGLIONE, JOSEPH**
 STREET ADDRESS **3090 NE 48TH ST #207**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Change ☒ Addition
 NAME **Treasurer**
 STREET ADDRESS **Stacy Russell**
 CITY-ST-ZIP **6448 Rock Beauty Trail**
Margate, FL 33063

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:

Stacy Russell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 954-956-8330

CR2E037 (9/01)