

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

0011208

**DOCUMENT # N00000004370**

1. Entity Name

**THE JEFFERSONIAN SOCIETY, INC.**

05-14-2001 90268 037 \*\*\*\*61.25

Principal Place of Business

**5201 ATLANTIC BLVD #192  
 JACKSONVILLE FL 32207**

Mailing Address

**5201 ATLANTIC BLVD #192  
 JACKSONVILLE FL 32207**

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

**31-1731593**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DELAFOUNTAIN, CHARLES  
 5201 ATLANTIC BLVD #192  
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

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

*CHARLES DELAFOUNTAIN* Chairman/Secretary 5/1/01  
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating)  
 Same as above (#6) 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 **D** ☐ Delete  
 NAME **DELAFOUNTAIN, CHARLES**  
 STREET ADDRESS **5201 ATLANTIC BLVD #192**  
 CITY-ST-ZIP **JACKSONVILLE FL 33207**

TITLE **D** ☐ Delete  
 NAME **GUTTERIDGE, J LEE JR**  
 STREET ADDRESS **3634 FORMOSA DR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Delete  
 NAME **FRANCISCO, KRISTOFFER JR**  
 STREET ADDRESS **11131 OAK RIDGE DR SOUTH**  
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ Delete  
 NAME **REDLINGER, SONNY**  
 STREET ADDRESS **8063 SAN JOSE BLVD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **D** ☐ Delete  
 NAME **JUST, LISA**  
 STREET ADDRESS **10135 GATE PKWY N #1505**  
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **D** ☒ Delete  
 NAME **AQUI, VINNY**  
 STREET ADDRESS **4691 RAGGEDY PT ROAD**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition  
 NAME **Rosalee Harris**  
 STREET ADDRESS **5201 Atlantic Blvd. #192**  
 CITY-ST-ZIP **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:

*Charles DeLaFountain* Charles deLaFountain 5/1/01 904-396-2718  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)